Carotid Dissection; Should anticoagulants be used?

No; aspirin is all that is necessary.

Hugh Markus UK

Carotid dissection is an important cause of stroke in younger individuals. It has been estimated it may account for as many as 25% of stroke in patients under 50. It is associated with an increased risk of early recurrent stroke. It is believed this is primarily due to thromboembolism from the site of the dissection and this has led to clinicians giving antithrombotic treatment to try to reduce this risk of recurrent stroke.

It has been suggested that anticoagulants may be more effective because there is thrombus at the site of dissection. However there are also potential disadvantages of anticoagulants in that they could lead to further bleeding within the vessel wall and extension of the dissection and vessel occlusion. Furthermore many clinicians used to give anticoagulants for tight carotid stenosis but data subsequently showed that antiplatelet agents are more effective. Embolism from the stenosis is also thought to be the main cause of recurrent stroke in carotid stenosis.

The CADISS trial recently reported the first randomised comparison of anticoagulants versus antiplatelet agents in patients with recent carotid and vertebral dissection. The striking finding was that there were very few recurrent events in this patient group. There was no difference between recurrent events in patients taking aspirin or anticoagulants. The trial only included 250 patients but provides the most robust data on which to base our clinical management of this patient group. On the basis of the low recurrent stroke risk and the lack of any difference between anticoagulants and antiplatelet agents, antiplatelet agent therapy alone is sufficient in patients with recent carotid dissection.