

A Chiropractic Public Health Initiative - Saving Lives by Identifying Developing Strokes

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Rare, Tragic, and Possibly Preventable

While the incidence of stroke due to spontaneous cervical artery dissection (sCeAD) is rare, the effects on that small population of patients can be catastrophic.

It is incumbent upon doctors, patients, and ancillary providers to be aware of the predispositions, risk factors, signs, and symptoms of the developing cervical artery, dissection and stroke.

Prevalence and Incidence of CAD and Stroke

In a recent paper authored by Mayo Clinic researchers, Griffin et al. reported an increased incidence of spontaneous cervical artery dissection (sCeAD) of 8.93 per 100,000 person-years, a statistic that is nearly 3 times higher estimate than previously reported. [1]

It is estimated that CeAD may produce up to 15–25% of ischemic strokes in patients under the age of 50 years. [2, 3]

Morris et al report, "...we found that approximately 1.7% developed a stroke in the first 12 weeks following the diagnosis of dissection, and that almost all of the strokes occurred in the first 2 weeks." [4]

Spontaneous Events

Often unrecognized by physicians, sCeADs rarely progress to strokes in a spontaneous manner. Thromboembolic events occur in an unpredictable manner without apparent reason, physical cause, or timing.

A Difficult, if Not Impossible Diagnosis

The diagnosis of cervical artery dissection is extraordinarily difficult if not impossible due to unknown, undisclosed, and undiagnosed pre-existing risk factors. Frequently, symptoms of a burgeoning sCeAD are fleeting, transient and not perceived or communicated well to healthcare providers. The findings of Lee et al. of rare asymptomatic sCeADs could make the diagnosis nearly impossible. [5]



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A New Paradigm of Awareness

To prevent catastrophic outcomes due to spontaneous cervical artery dissection and stroke, it is vitally important that communication between patients, doctors and downstream providers is improved upon. In doing so, we may, facilitate emergency medical care in the attempt to prevent tragic outcomes.

Advanced training is needed to improve clinical acumen to recognize burgeoning dissections, and stroke. The effects of improved diligence may save lives and protect our families.

References

- 1.) Griffin et al. Stroke. 2024; 55:670–677.
- 2.) Debette et al. Lancet Neurol. 2009; 8:668–678.
- 3.) Schievink WI. N Engl J Med. 2001; 344:898–906.
- 4.) Morris et al. Stroke. 2017; 48(3): 551–555.
- 5.) Lee et al. Neurology. 2006; 67:1809–1812.

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