Cervical Artery Dissection in Stroke Study

see Article

Management of internal carotid artery dissection is not clear and further information is waited from the Cervical Artery Dissection in Stroke Study (CADISS) comparing anticoagulation versus antiplatelets.

The Cervical Artery Dissection In Stroke Study (CADISS) was established to compare the effectiveness of antiplatelet drugs with anticoagulant drugs for the prevention of recurrent stroke in patients with carotid and vertebral dissection. It was established as a phase 2 feasibility trial with a planned sample size of 250 to enable accurate estimation of the rate of recurrent stroke and thereby samples sizes for a definitive phase 3 trial to be calculated.

The results show that recurrent stroke at 3 months is rare, with no significant difference between the two treatments. Although more strokes occurred in the antiplatelet group than in the anticoagulant group, this difference was counterbalanced by one major subarachnoid haemorrhage in the anticoagulant group.

In the Cervical Artery Dissection in Stroke Study no difference in efficacy of antiplatelet and anticoagulant drugs at preventing stroke and death in patients with symptomatic carotid and vertebral artery dissection but stroke was rare in both groups, and much rarer than reported in some observational studies. Diagnosis of dissection was not confirmed after review in many cases, suggesting that radiographic criteria are not always correctly applied in routine clinical practice [1].

1)
CADISS trial investigators, Markus HS, Hayter E, Levi C, Feldman A, Venables G, Norris J. Antiplatelet treatment compared with anticoagulation treatment for cervical artery dissection (CADISS): a randomised trial. Lancet Neurol. 2015 Apr;14(4):361-7. doi: 10.1016/S1474-4422(15)70018-9. Epub 2015 Feb 12. Erratum in: Lancet Neurol. 2015 Jun;14(6):566. PubMed PMID: 25684164.