Intracranial carotid artery dissection

Though detected with increasing frequency, intracranial carotid artery dissection remains less common in infancy. We report on 3 otherwise healthy children aged 8, 12 and 15 years who presented with focal headache and stroke secondary to intracranial carotid occlusive disease consistent with arterial dissection. In 2 cases this was precipitated by strenuous physical exertion. The protean angiographic configuration included long tapered narrowing with focal stenosis, beaded narrowing with Moya Moya vascular network and 'string sign'; occlusion of the anterior cerebral artery was always present. Control angiograms revealed complete or partial recanalization in all cases suggesting self-healing dissection. The clinical course was smooth in all patients, and at long-term follow-up (5, 3, and 2 years) they remain in good neurological condition. Although intracranial carotid dissection has a poor reputation, regression to normal and fair outcome may sometimes occur as in the extracranial counterpart, suggesting the existence of benign forms of the disease. Surgical procedures should be weighed against the spontaneous resolution of the lesion [1)].

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Pozzati E, Galassi E, Godano U, Cordella L. Regressing intracranial carotid occlusions in childhood. Pediatr Neurosurg. 1994;21(4):243-7. PubMed PMID: 7865410.