Dear editor,

While spontaneous cervical arterial dissections (CAD) are thought to cause from 10 to 25% of ischaemic strokes in young adults, multiple CAD is an uncommon condition. Little is known about its long-term prognosis, and it is unclear whether it is an isolated cluster event or may occur sequentially over years in relation with a vasculotropic disease.

From a prospective single hospital-based registry, we have an additional seven cases of multiple CAD with long-term follow-up. There were five women and two men aged from 30 to 51 years. Five patients had a bilateral carotid dissection and two patients a quadruple CAD. Only two patients had a stroke, while clinical signs in the other five were limited to an isolated Horner sign, a transient retinal accident, cervical/cranial pain or cranial nerve palsies. Search for a putative risk factor was contributive in three patients (homocysteinuria, HELLP syndrome and a recent infection). Three patients initially had only one affected artery, the other arteries being involved after several days or weeks. All patients had a complete Willis circle. At three months, the modified Rankin scores were 0–1. Long-term follow-up ranging from 1.5 to 10 years did not reveal any recurrence of neurovascular symptoms.

Multiple CAD is a dynamic evolving process. Thus, early recurrent CAD (within 1 month of the initial dissection) and multiple CAD are probably the same entity, while real recurrent CAD may occur years later. Nothing is known about their prognosis and their risk of associated stroke, but the early activation of the intracranial collateral vessels might influence the outcome. Theoretically, one might expect spontaneous multiple CAD to be more associated with an underlying congenital or acquired abnormality of the artery wall. In fact, most patients with CAD do not present any clinically connective tissue disorders whether one or multiple arteries are affected.

The clinical history of our seven patients with follow-up ranging from 1.5 to 10 years suggests that spontaneous multiple CAD is a transient arteriopathy. In patients with a complete Willis circle providing good collateral intracranial pathways, this rare entity seems to have a benign course and a favourable long-term prognosis independently of the treatment used.

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