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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Carotid Artery Stenosis and Dissection

Patient education guide · Stroke & Vascular · Madison Neurology LLC

What is it?

Carotid stenosis is narrowing of the neck arteries that supply the brain, usually from cholesterol plaque, and is a major preventable cause of stroke. Carotid dissection is a tear in the artery wall, often after neck trauma or sometimes spontaneously, that can form clots and cause stroke — it is a leading cause of stroke in younger adults.

How does it happen?

Stenosis results from atherosclerosis driven by smoking, high blood pressure, diabetes, and high cholesterol. Dissection can follow seemingly minor neck movements (chiropractic manipulation, sports injuries, coughing fits) on a background of underlying artery wall weakness.

Common symptoms

- Often no symptoms with stenosis (found by a bruit or screening ultrasound)
- TIA or stroke: one-sided weakness, speech trouble, vision loss in one eye
- Dissection: new neck pain or headache on one side
- Dissection: drooping eyelid and small pupil (Horner syndrome)
- Dissection: pulsatile ringing in the ear

How is it diagnosed?

Duplex ultrasound is the usual first test for stenosis; CT or MR angiography confirms the degree of narrowing and detects dissections and the small wall hematomas they cause.

How is it treated?

For stenosis, all patients get medical therapy: antiplatelet drugs, high-intensity statins, blood pressure control, and smoking cessation. Severe symptomatic narrowing (70-99%) is usually treated with carotid

endarterectomy (surgical plaque removal) or stenting. Dissections are treated with antiplatelet or anticoagulant medication for 3-6 months and usually heal on their own.

What does the future hold?

With modern medical therapy, the stroke risk from stenosis falls substantially. Most dissections heal within 3-6 months with low recurrence risk (roughly 1-2% per year), and most patients recover fully. Long-term risk factor control remains the foundation.

Questions patients commonly ask

Q: My ultrasound showed narrowing but I have no symptoms — do I need surgery?

A: Often no. Many asymptomatic narrowings are managed with aggressive medical therapy and periodic ultrasound; surgery is reserved for selected severe cases.

Q: Can I have my neck manipulated after a dissection?

A: Forceful neck manipulation is generally avoided after a dissection; discuss all manual therapies with your neurologist.

Q: Will the tear heal completely?

A: In most patients the artery wall heals within months; follow-up imaging confirms healing and guides when to stop medication.

National support groups & resources

- **American Stroke Association** — stroke.org — 1-888-478-7653
- **American Heart Association** — heart.org — 1-800-242-8721
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

(Organization contact details were current at the time of compilation; please verify online.)

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