Online Resource

Triple and quadruple cervical artery dissections: a systematic review of individual patient data Journal of Neurology

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Table II Clinical characteristics, underlying disease/triggering events and outcome in current study, compared to data from CADISP study¹

n/N (%)					
	Current study	CADISP study ¹		CADISP study ¹	
	Triple/quadruple CeAD	Single CeAD	P-value ^a	Double CeAD	
	(N=96)	(N=833)		(N=130) ^b	
Demographics					
Mean age, y (SD) ^c	42 (9)	44 (10)	0.063	43 (10)	
Sex (% women)	63/96 (66%)	351/833 (42%)	< 0.001	65/130 (50%)	
Medical History					
Smoking	20/72 (28%)	238/822 (29%)	0.833	29/129 (22%)	
Hypertension	16/72 (22%)	206/824 (25%)	0.601	38/129 (29%)	
Migraine	25/72 (35%)	302/820 (37%)	0.722	51/128 (40%)	
Diabetes	4/72 (6%)	16/827 (2%)	0.137	4/129 (3%)	
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Hypercholesterolemia	12/72 (17%)	161/818 (20%)	0.535	19/125 (15%)	
Clinical characteristics					
Headache	63/92 (69%)	542/807 (67%)	0.799	84/128 (66%)	
Neck pain	40/92 (44%)	380/807 (47%)	0.511	76/128 (59%)	
Horner syndrome	31/92 (34%)	237/807 (29%)	0.390	27/128 (21%)	
TIA	17/92 (19%)	175/833 (21%)	0.570	20/130 (15%)	
Cerebral infarct	52/91 (57%)	547/833 (66%)	0.106	87/130 (67%)	
Underlying disease					
Fibromuscular dysplasia	12/74 (16%)	23/611 (4%)	< 0.001	14/105 (13%)	
Hereditary connective tissue disorder	4/50 (8%)	3/808 (0.4%)	< 0.001	0/128 (0%)	
Triggering events					
Recent infection (previous week)	16/90 (18%)	149/813 (18%)	0.898	33/128 (26%)	
Recent trauma (previous month)	32/90 (35%)	325/817 (40%)	0.436	57/129 (44%)	
Prior cervical manipulation	12/90 (13%)	49/817 (6%)	0.008	15/129 (12%)	
Outcome					
mRS 0-2 ^d	65/74 (88%)	702/797 (88%)	0.951	110/125 (88%)	
Recurrence of CeAD	2/80 (3%)	18/802 (2%)	1.000	4/127 (3%)	

CeAD, cervical artery dissection.

References in Table

1. Béjot Y, Aboa-Aboulé C, Debette S, *et al.* Characteristics and outcomes of patients with multiple cervical artery dissection. *Stroke* 2014;45:37-41.

^a Statistical testing performed for comparison between triple/quadruple CeAD patients from current study and single CeAD patients from CADISP study.

^b Of 149 patients with multiple CeAD in CADISP study, 19 patients had triple or quadruple CeAD, resulting in 130 with double dissection.

^c Calculated from data of 96 patients (current study), 964 patients (CADISP).

^d Time to last clinical follow-up: current study median 4 months (range 0-98), CADISP 3 months.