

Suspected VAD – Work-up

History

- Traumatic: high energy head&neck trauma with blunt / sharp vessel injury very recently or day/weeks prior with or w/o hospital admission
- Spontaneous: atherosclerotic changes, inflammation, genetic syndrome (Marfan, Ehlers-Danlos), trivial exertion like coughing, vomiting, intentional neck rotation

Signs and symptoms

- Neck pain, headache
- Vertigo, vomiting, nausea
- Vertebrobasilar stroke pattern including: visual disturbances, dysphagia, dysarthria
 - Spinal nerve deficit syndromes

Diagnosis

- MR imaging / MR angiography (special sequences)
- cranial CT / CT angiography (if MR not possible)
 - Colour-coded Duplex sonography
- Other stroke courses: cardiogenic, atherothrombotic, vasculitis, Fabry's disease

Treatment

- Platelet inhibitors or Vitamin K antagonists
- Massive vertebrobasilar perfusion deficit and/or recurrent embolism - Neuroradiological Intervention
 - Cerebellar edema / risk of herniation - occipital craniectomy
 - Clinical and Duplex follow-up