Teaching *NeuroImages*: Spectrum of paradural dissections of the vertebral artery

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Dissections of the vertebral artery are considered an important cause of stroke, especially in younger patients. Most dissections occur at the atlas loop where the vessel has its greatest mobility but can also extend into the intradural segments or primarily arise within the intradural segment. Antiplatelet therapy or anticoagulation for 3–6 months is efficient in patients with extradural dissections¹ (figure, A and B) while antiplatelet therapy is preferred if the dissection is intradural (figure, C–E). Fat saturated T1-weighted images can reliably demonstrate the location and extent of the mural hematoma² and thus contribute to therapeutic decisions.

AUTHOR CONTRIBUTIONS

Dr. Jensen-Kondering: study concept and design, acquisition of data, analysis and interpretation, critical revision of the manuscript, study

supervision. Dr. Jansen: analysis and interpretation, critical revision of the manuscript.

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DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Figure Coronal T1-weighted fat saturated images demonstrating a purely extradural dissection (A), extending to the level of the dura (B), intra- and extradural dissection (C), purely intradural (D), and a dissection originating from the level of the dura (E)

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