

GUIDELINE:

SCREENING FOR BLUNT CERVICAL VASCULAR INJURIES

POPULATION AT RISK:

Patients over 8 years old with a history of significant blunt trauma above the clavicles within 2 days of injury.

CRITERIA FOR SCREENING:

Patients with signs or symptoms:

Unexplained lateralizing neurologic deficit
Unexplained infarct on CT head scan
Neck hematoma
Seatbelt sign above clavicles
Cervical bruit or thrill

Patients without signs or symptoms but still with significant risk:

Cervical spine fracture
Basilar skull fractures in proximity to carotid canal
Severe facial fractures (LeForte II or III only)
Mechanism of severe cervical hyperextension or hyperflexion -- including hanging injuries

EVALUATION

CT angiogram is preferred
Duplex and conventional angiography may have roles in specific cases

TREATMENT

Strong consideration should be given to anticoagulation (preferably with heparin) or use of antiplatelet drugs in patients diagnosed with blunt vertebral or carotid injuries including asymptomatic.

Interventional radiology and surgery may have a role in some selected cases (i.e. traumatic pseudoaneurysm).