optimal medical management and/or complications. Given the generally increased use of ET for other indications, advance-
ment in devices and treatment techniques, and increase in operator comfort, we sought to analyze trends in the use of endovascular therapy among patients with cervical artery dissection in a large, population-based sample of patients with stroke or TIA across the U.S.

Methods We used the 2002 to 2014 releases of the National Inpatient Sample and validated International Classification of Diseases, Ninth Revision, Clinical Modification codes (ICD-9-
CM) to identify hospitalizations with the combination of cer-
vascular artery dissection and either ischemic stroke or TIA. Sur-
vey weights were used to report nationally representative estimates. We used logistic regression to assess trends and to examine the association between endovascular therapy and outcomes.

Results Over the study period, there were 22,533 hospitaliza-
tions with both a cervical artery dissection and either an ischemic stroke or TIA. The rate of cerebral angiography decreased from 0.56% (95% CI (confidence interval), 0.37–0.74 in 2002 to 0.28%, 95% CI, 0.24–0.32 in 2014, p<0.001, while the rates of endovascular therapy increased from 0.01% (95% CI, 0–0.03%) to 0.06% (95% CI, 0.04–0.08%) (p=0.004) over the same period. Endovascular therapy was not associated with an improvement in hospital mortality (OR, 0.8; 95% CI, 0.5–1.3, p = 0.350) or discharge disposition (OR, 1.1; 95% CI, 0.8–1.4, p = 0.545).

Conclusions Despite an increase in the overall use of endovas-
cular therapy for the treatment of cervical artery dissection in patients with ischemic stroke or TIA, there was no significant association with early clinical outcomes. Future studies looking at long term outcomes including stroke-recurrence are warranted.

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