

Comments on the article 'Sex differences in the epidemiology of spontaneous and traumatic cervical artery dissections'

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We recently read with great interest the article 'Sex differences in the epidemiology of spontaneous and traumatic cervical artery dissections'.¹ The authors conducted a retrospective analysis of 144 patients with cervical artery dissection (CeAD), revealing important sex-related differences that offer valuable insights for clinicians. Despite the quality of the work, we believe the study has several limitations that should be addressed.

First, traumatic CeAD and spontaneous CeAD are conventionally considered distinct mechanisms.² Combining them in a single analysis may compromise the precision and reliability of the conclusions. Moreover, several other factors contribute to a patient's risk of CeAD, including connective tissue disorders, acquired conditions such as infection and hypertension, and anatomical aberrations like elongated styloid processes.³ We recommend further stratifying and analysing the data to address these factors.

Another issue pertains to the statistical methods employed. While the methods themselves are appropriate, the small sample size and the multiple comparisons increase the risk of false positives. We suggest applying corrections like the Bonferroni adjustment to mitigate this risk and strengthen the robustness of the results.

In conclusion, while the study provides valuable insights, we feel that its persuasiveness

is limited by these issues, and additional research is needed to validate the findings.

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