Summary

- A-to-A embolism was not very common, but occurred predominantly in men, younger than older age groups, and with more smoking, drinking and hyperuricemia as risk factors.
- Frequency of risk factors between A-to-A and EC+IC, and between EC and IC, were similar.
- Risk factors which existed more frequently in men were smoking, drinking and hyperuricemia overall and variably in each group (p<0.05).
- A-to-A embolism was more frequent in men with TIA or multiple origins.
- Definition of Embolic Embolism
  - We defined embolic embolism as A-to-A embolism, which was shown to be associated with abnormalities in the extracranial cerebral arteries (EC), extracranial and intracranial arteries (EC+IC), or intracranial arterial territories (IC) (4). The embolic embolism occurred predominantly in men with the M/F ratio of 38/18 (75.0%).

Statistical Analysis

- Frequency of the factors. The number of risk factors, mean age, and M/F ratio of each embolic group were compared by using analysis of variance (ANOVA), the chi square test, or the chi square test with Yates’ continuity correction or Fisher’s exact test (5). Multiple comparisons were performed by using the Bonferroni correction.
- M/F ratios between A-to-A and non A-to-A embolism were significantly different between A-to-A and EC+IC, and between EC and IC (p<0.05). No significant difference was found between A-to-A, EC+IC, or EC and IC (p>0.05).
- The frequency of each risk factor was significantly different between A-to-A and EC+IC (p<0.05). There were no significant differences between these groups in terms of mean age and M/F ratio.
- The percentage of each group to total IS was similar.
- There was no significant difference of mean age between A-to-A and non A-to-A embolism.
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