Figure. (A) Right lingual hemiatrophy. (B) T2-weighted MR image reveals dolichoectatic right vertebral artery (black arrow) with compression of the XIIth nerve (white arrow) in the anterolateral sulcus. (C) Millimetric slide of T2-weighted MR image centered on neurovascular conflict (right vertebral artery, black arrow, XIIth nerve) (dashed arrow).

Lingual atrophy and dolichoectatic artery

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A 57-year-old man, without any medical history, presented with acute ataxia, diplopia, dysarthria, and vertigo. His cranial nerves revealed right lingual hemiatrophy (figure, A). Cerebral MR angiography showed enlargement of the right vertebral artery, with a compression of the right XII nerve in the anterolateral sulcus (figure, B and C). Acute symptoms disappeared coincident

with anticoagulant treatment. In contrast, lingual hemiatrophy persisted.

The prevalence of dolichoectasia is approximately 0.5% in the general population. Neurologic symptoms usually result from brainstem ischemia, attributed to abnormal flow in the dilated artery and obstruction of perforating arteries or intraluminal thrombus with artery-to-artery embolism. Hydrocephalus, subarachnoid hemorrhage, and compressive cranial neuropathies also occur, and both hemifacial spasm and trigeminal neuralgia have been associated with dolichoectasia.^{1,2}

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