Figure. Left: Doppler flow in CCA, ECA, ICA, and MCA. Middle: Color duplex flow imaging of right CCA, ECA, ICA, and MCA during systole and diastole. Right: Red and blue arrows correspond to systolic and diastolic flows respectively. IJV = internal jugular vein. (See also videos I, II, and III.)

VIDEO Flashing carotids in aortic valve disease

Alexandre Croquelois, MD; Julien Bogousslavsky, MD; and Gerald Devuyst, MD, Lausanne, Switzerland

A 71-year-old man with a history of severe aortic regurgitation was admitted to the cardiology department after dyspnea aggravation; he was free of neurologic symptoms. Results of extracranial and intracranial ultrasonography demonstrated diastolic reversal flow in common (CCA), external (ECA) (early diastole), and internal (ICA) (late diastole) carotid arteries and very low

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anterograde end-diastolic flow in ipsilateral middle cerebral artery (MCA) (figure). The observed pattern demonstrates continuous brain perfusion (compensatory vasodilation) despite precerebral diastolic reversal flow. Two former studies described bilateral holodiastolic reversal flow in CCA,^{1,2} but no description of ECA, ICA, and MCA flow in that clinical entity was available at that time.

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1. Malaterre HR, Kallee K, Giusiano B, Letallec L, Djiane P. Holodiastolic reversal flow in the common carotid: another indicator of the severity of aortic regurgitation. *Int J Cardiovasc Imaging* 2001;17:333-337.
2. Glenn P, Altamirano C. Bilateral holodiastolic reversal flow in common carotid arteries: a sign of severe aortic regurgitation. *Echocardiography* 2004;21:210.

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