Figure. Angiography was performed twice, with an interval of 4 years and 8 months apart. (A) The initial angiography shows isolated stenosis of the right middle cerebral artery (arrowhead). (B) The follow-up angiography demonstrates typical features of moyamoya disease, including severe stenosis of the bilateral ICA (arrows) and basal collateral networks.

Progression of isolated middle cerebral artery stenosis into moyamoya disease

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The etiology of isolated middle cerebral artery (MCA) stenosis in young patients and that of moyamoya disease remain unclear.¹ A 25-year-old woman with chronic headache underwent brain

MRI and cerebral angiography, which showed isolated MCA stenosis (figure, A). Physical and neurologic examinations were normal. She had no risk factors for atherosclerosis or stroke. Findings of the follow-up angiography, which was taken due to transient left arm weakness, were consistent with those of moyamoya disease (figure, B).² Isolated MCA stenosis in a young patient with no other medical conditions may be an initial feature of moyamoya disease.

See also page 932

Supported by a grant from the Korea Health 21 R&D Project, Ministry of Health & Welfare, Republic of Korea (A060171).

Disclosure: The authors report no conflicts of interest.

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1. Becker VU, Eckert B, Thie A. Isolated symptomatic stenosis of the middle cerebral artery in younger adults. A clinical and ultrasonic follow-up study of eight patients. *Eur Neurol* 1996;36:65–70.
2. Fukui M. Guidelines for the diagnosis and treatment of spontaneous occlusion of the circle of Willis (“moyamoya” disease). Research Committee on Spontaneous Occlusion of the Circle of Willis (Moyamoya Disease) of the Ministry of Health and Welfare, Japan. *Clin Neurol Neurosurg* 1997;99(suppl 2):S238–240.

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Neurology 2007;68;954

DOI 10.1212/01.wnl.0000244412.18039.03

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