Lenticulostriate-medullary artery anastomoses in moyamoya disease

Hyun-Ji Cho, MD; Dong Beom Song, MD; Hye-Yeon Choi, MD; and Ji Hoe Heo, MD, PhD

The development of extensive collaterals is a characteristic feature of moyamoya disease. They include basal collaterals, which are composed of lenticulostriate and thalamoperforate arteries, leptomeningeal collaterals from the posterior cerebral arteries, and transdural collaterals from the external cerebral arteries.¹ In a normal brain, the ends of the len-

ticulostriate and medullary arteries of the middle cerebral artery are not connected. Although anastomoses between these two arteries may develop in moyamoya disease, typical angiographic findings are rarely reported.² We present angiography findings (figure) in a 57-year-old woman with moyamoya disease who presented with intermittent weakness in

her left arm and showed lenticulostriate-medullary artery anastomoses.

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Figure. Sequencing of the right carotid anteroposterior angiograms from initial (A) to early (B), mid (C), and late (D) arterial filling. It shows steno-occlusion of the anterior and middle cerebral arteries. Fine vascular networks (arrows) from the lenticulostriate arteries anastomose with medullary arteries, which eventually reconstitute the middle cerebral artery.

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