Teaching *NeuroImages*: Disappearing intraluminal thrombus of the carotid artery in reactive thrombocytosis

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Figure 1 Ultrasound B-mode image of the left internal carotid artery (ICA) in longitudinal (top) and axial (bottom) views

Slightly hyperechoic intraluminal thrombus appears adherent to the anterior wall of the ICA. There are no significant atherosclerotic changes of the underlying intimal-medial complex.

A 41-year-old woman with menorrhagia awoke with right hemiparesis. Brain MRI demonstrated punctate infarcts in the left middle cerebral artery territory.

Ultrasound revealed intraluminal thrombus in the left internal carotid artery bulb (figure 1). Hemoglobin was 6.9 g/dL (normal 12.0–16.0 g/dL), platelet

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Figure 2 Ultrasound B-mode image of the left internal carotid artery (ICA) in longitudinal (top) and axial (bottom) views

Thrombus has disappeared at 1 month.

count $1,557 \times 10^3/\text{mm}^3$ (normal $150\text{--}400/\text{mm}^3$), and serum ferritin 2.20 ng/mL (normal $12\text{--}150 \text{ ng/mL}$). The patient was treated with platelet apheresis, packed erythrocyte transfusion, parenteral iron, and aspirin. Evaluation for other hypercoagulable states was negative. Repeat platelet count was $422 \times 10^3/\text{mm}^3$. At 1 month, the intraluminal thrombus had disappeared (figure 2).

Reactive thrombocytosis from iron deficiency anemia is a rare cause of stroke.¹ In this setting, thrombus in the internal carotid artery may resolve with medical management.²

DISCLOSURE

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