Teaching NeuroImages:

Recurrent vertebrobasilar embolism out of a blind sack

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Figure Stump embolism as a cause of vertebrobasilar stroke

Digital subtraction angiography shows an ascending cervical artery with collateral refilling of the distal vertebral artery (VA). The arrow indicates the blind sack of the proximally occluded VA with a resident embolus, the presumed source of the recurrent ischemia.

A 68-year-old man with a history of diabetes, hypertension, smoking, and hyperlipidemia presented with 6 episodes of vertebrobasilar embolism within 2 months. After the first episode of hemianopia and vertigo the patient was readmitted 6 weeks later with dysarthria, paresthesias, and hemiparesis. Dual antiplatelet therapy with aspirin and clopidogrel was initiated. Within the next 2 weeks, the patient presented with 4 additional brainstem attacks including coma due to basilar artery occlusion. Symptoms ceased after addition of oral anticoagulation.¹ Digital subtraction angiography established the diagnosis of recurrent stump embolism (figure).

AUTHOR CONTRIBUTIONS

Dr. Röther: drafting/revising the manuscript, analysis or interpretation of data, contribution of vital reagents/tools/patients, acquisition of data. Dr. van den Berg: drafting/revising the manuscript, acquisition of data. Dr. Reinbold: drafting/revising the manuscript, study concept or design, analysis or interpretation of data, contribution of vital reagents/tools/patients, acquisition of data.

DISCLOSURE

Dr. Röther serves on scientific advisory boards and speakers' bureaus for and has received speaker honoraria from Lundbeck Inc., Boehringer Ingelheim, sanofi-aventis, and Bayer Schering Pharma. Drs. van den Berg and Reinbold report no disclosures.

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