Thromboembolic stroke in ICA stenosis

Stefan Isenmann, MD; Martin Skalej, MD; and Johannes Dichgans, MD

A 74-year-old man with right-sided amaurosis fugax had an ultrasound examination revealing right internal carotid artery (ICA) stenosis (figure 1, A and B). Angiography (figure 2A) showed a proximal ICA stenosis of approximately 90% according to NASCET criteria1 and a distal thrombus. The patient was anticoagulated with heparin. Invasive treatment options were discussed, but 16 hours later the patient had a stroke (figure 2B), with left sided hemiplegia and hemineglect. The insult was caused by arterio-arterial thromboembolism rather than ICA occlusion, because follow-up ultrasound showed the right ICA still with the same high degree of stenosis (figure 1, C and D). In ICA stenosis, embolic cerebral infarction is usually ascribed to plaque rupture, and imaging often shows multiple emboli.2,3 In contrast, here the heterozygous factor V Leiden mutation (R506Q) may have contributed to thrombus formation in the post-stenotic artery.4,5

References

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