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

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...
count $1,557 \times 10^3$/mm$^3$ (normal 150–400/mm$^3$), and serum ferritin 2.20 ng/mL (normal 12–150 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 $422 \times 10^3$/mm$^3$. At 1 month, the intraluminal thrombus had disappeared (figure 2).

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

DISCLOSURE
Dr. Switzer has received funding for travel from Lundbeck Inc.; serves as a Review Editor for Frontiers of Telemmedicine; and has received institutional support from the Georgia Health Science University Brain and Behavior Discovery Institute. Dr. Nichols has received funding for travel from Lundbeck Inc.; receives research support from the NIH; and is a founder in REACH, a telestroke system developed at MCG, which is now being marketed nationally.

REFERENCES

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