A 60-year-old man with atrial fibrillation was admitted due to left posterior cerebral artery (PCA) infarction. Serial T2*-weighted magnetic resonance gradient echo imaging (GRE) before and after thrombolysis demonstrated consecutive changes of the PCA susceptibility vessel sign (SVS) at 3, 7, and 210 hours poststroke with corresponding vessel images at 4, 6, and 210 hours (figure). The SVS suggests intracerebral artery occlusion by red or mixed thrombi and may occur in the PCA in up to 43% of cases, according to small series.1,2 The deoxy-hemoglobin, methemoglobin, and hemosiderin in the thrombus cause the low signal intensity on GRE.1,2 The presence of a patent PCA on follow-up imaging suggests embolism caused the PCA SVS in this case.

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