A 37-year-old woman experienced a generalized tonic-clonic seizure. Subsequent to the seizure, the patient observed left-sided face and neck pain. A left Horner syndrome was noted on examination. An MRI and magnetic resonance angiogram revealed a left skull base carotid artery dissection without infarction (figure, A and B). Previous MRI had shown normal carotid flow voids. The patient was treated conservatively and magnetic resonance angiogram 1 month later revealed recanalization (figure, C).

Carotid artery dissection has an incidence of 1.72 per 100,000.1 Although carotid artery dissection is reported in association with minor trauma, there are no reports occurring in association with a seizure.2

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