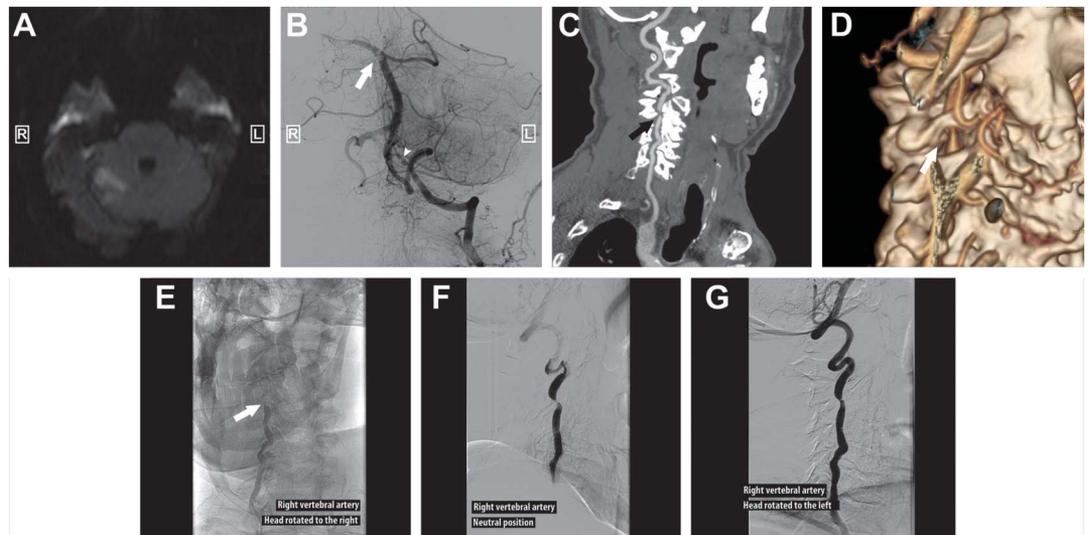


# Teaching NeuroImages: Intermittent symptomatic occlusion of the vertebral artery caused by a cervical osteophyte

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**Figure** Imaging



(A) Diffusion-weighted MRI: right cerebellar infarcts. (B) Angiography performed during an urgent thrombectomy procedure after a second episode of vertebrobasilar ischemia. An image suggestive of an embolus is seen at the top of the basilar artery (white arrow). An iatrogenic vasospasm due to the endovascular manipulation is also visible in the same image (arrowhead). CT angiogram (C) and 3-dimensional reconstruction (D). Dynamic angiography: complete right vertebral artery occlusion with the head rotated to the right (E); moderate compression with the head in the neutral position (F) or rotated to the left (G).

A 77-year-old man presented with 2 episodes of waking up with symptoms of vertebrobasilar ischemia (figure, A and B) within 6 months. A CT angiogram showed narrowing of the right vertebral artery due to extrinsic compression by an osteophyte of the superior articular process of the fourth cervical vertebra, compromising the foramen transversarium (figure, C and D). Dynamic angiography demonstrated intermittent vascular occlusion associated with head turning (figure, E–G). After recurrence, surgical decompression of the vertebral artery was performed. Extrinsic compressions of the vertebral artery are rare.<sup>1</sup>

The most frequent signs are those of vertebrobasilar insufficiency. Surgical treatment has been proposed when conservative management fails.<sup>1</sup>

## AUTHOR CONTRIBUTIONS

I. Mourand, I.L. Maldonado, and A. Bonafé: patient care, manuscript preparation, editing, and review. S. Azakri and G. Boniface: patient care and manuscript preparation.

## REFERENCE

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