A 9-year-old boy was shot with a pellet shotgun and developed a visual field deficit. Head CT revealed a pellet in the left ambient cistern, in the left posterior cerebral artery on catheter angiography (figure). Chest fluoroscopy revealed multiple thoracic pellets, including a mobile cardiac pellet (video on the Neurology® Web site at Neurology.org). There was no clear cardiac injury, patent foramen ovale, or skull penetration. Arterial embolization of a pellet from the chest to the intracranial vasculature likely caused a stroke.\(^1\)\(^2\) We considered arteriotomy, endovascular retrieval, and medical therapy. The established infarct, clinical stability, and flow distal to the pellet argued for conservative treatment; the visual field deficit was unchanged at 1-month follow-up visit.

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