Medulla Compression by Bilateral Aberrant Vertebral Artery with Mild Chiari Malformation

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A 48-year-old female developed progressive right lower-extremity numbness and lancinating pain of right pharynx. T2-weighted MRI revealed a flow-void area that corresponded to the both aberrant vertebral arteries (persistent first intersegmental arteries) severely compressing and distorting the medulla oblongata and tonsilar herniation consistent with a mild Chiari malformation. Besides, mild hydrocephalus was also noted with thinning of the corpus callosum and partial empty sella (Figure 1). Congestion at occipitocervical junction caused by bilateral vertebral artery compression may be related to Chiari malformation formation. This is an uncommon case of neurovascular compression[1], characterised by hemianesthesia, variant glossopharyngeal neuralgia, and Chiari malformation[2].
* Ethical Standards and Patient Consent

An approval by an ethics committee was not applicable.

* Informed consent

Informed consent was obtained from the patient to publish these images.

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Figure 1

T2-weighted MR images showing medulla oblongata being deformed into a clover-leaf shape (A), crowding of the cervicomedullary junction consistent with a mild Chiari malformation (arrow)(Note the thickness of the corpus callosum and partial empty sella) (B), and the bilateral vertebral arteries aberrantly entering the spinal canal below the atlas(red arrows)(C).
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<tr>
<th>Name</th>
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