



Case III: My worst cases

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Case 1-1

A 76-year-old man admitted with abrupt hemiparesis. MRI demonstrated an infarction in the right basal ganglia. Carotid duplex sonography revealed a mobile thrombus in the right internal carotid artery, which was not suspected on initial MR angiography. Six days later, his weakness was worsened transiently. The thrombus was not displayed any more on follow-up sonography, but MRI showed new lesions, which suggested distal embolization of the thrombus.

Case 1-2

A 64 year old woman was presented with left hemiparesis. Diffusion MRI showed multiple acute lesions in the right cerebral hemisphere. Neck MRA showed just subtle right carotid stenosis. Carotid duplex sonography showed a mobile thrombus in the right carotid bulb. Emergency carotid endarterectomy was done and neurologic states were improved without any complications.

Case 2

A 38 year old woman visited outpatient office with continuous hiccup and general weakness. She was healthy until 7days ago. Focal neurologic sign was not detected except subtle tongue deviation. Her complaint was poor food intake due to continuous hiccup. Hyponatremia (Na: 117) was only revealed in the laboratory test. There was a subtle right dorsolateral medullary lesion in the diffusion MRI. Stroke evaluation was done. The multiple embolic signals were detected during continuous monitoring after micro-bubbles injection. However, on the sixth hospital day, her neurological state were progressed and ventilator supported care was needed.