



A Case of Right Internal Carotid Artery Dissection

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34-year-old man was admitted with transient left facial sensory change. He had a history of hypertension but had not taken a medicine. Ten days earlier, he had experienced sudden pains on the bi-occipital and eyeball area lasted for 3 hours. The next day, transient left hemiparesis were developed while driving. Brain MR Images, which was checked in a local hospital, did not reveal any abnormality except just suspected stenosis of anterior cerebral artery. He had medicated with aspirin and beta blocker after that. But transient left hemiparesis and facial sensory change which were persisted during several minutes to hours were continued.

Physical and neurological examination did not reveal any focal neurologic abnormality. Vital signs were within normal limits. EKG showed also normal sinus rhythm. The result of routine laboratory tests was unremarkable. Brain MR Images performed after admission showed recent infarcted lesions in the right periventricular area. Any significant stenotic flow on the bilateral intracranial vessels was not found by TCD. But homogenous non-echoic lesion with thickness of 2.9~4.2 mm size was detected on the right internal carotid artery by longitudinal view of carotid duplex sonography. Any atheromatous plaques were not detected. Four vessel digital subtraction angiography revealed a pseudoaneurysm on the right ICA and right carotid arterial dissection was confirmed.