



A Case of Thrombus in Carotid Artery Associate With Malignancy

Hye-Jin Kim, MD, Sun U. Kwon, MD, PhD

Department of Neurology, Asan medical center, University of Ulsan College of Medicine

Hypercoagulable state, thrombus formation and further embolic infarct is associate with cancer. We report a patient who had thrombus in right proximal ICA on carotid duplex ultrasound and the thrombus slightly dissolved after 3 days.

A 60-year-old man suddenly developed left facial palsy and left side weakness. He had novascular risk factors such as hypertension, diabetes and atrial fibrillation. He was diagnosed advanced gastric cancer with peritoneal seeding, pancreatic invasion and metastatic lymphadenopathy. He underwent conservative chemotherapy 1 year ago. On the initial neurological examination, he was alert and had complete neglect syndrome including anosognosia and asomatognosia. Mild dysarthria with facial palsy and left side hemiparesis (Medical Research Council grade II) was noted. Sensory function tests were normal. Deep tendon reflexes were increased in left side and Babinski sign was noted. Initial National Institutes of Health Stroke Scale (NIHSS) score was 12. On a brain magnetic resonance imaging (MRI), diffusion-weighted imaging (DWI) showed acute infarct in the right middle cerebral artery (MCA) territory. A brain magnetic resonance angiogram (MRA) showed occlusion in right proximal MCA and stenosis in right proximal internal carotid artery (ICA). Carotid duplex ultrasound revealed heterogenous thrombus in right carotid bulb and proximal ICA. Antiplatelet agent with triflusal was administered. At hospital day 3, the follow-up brain CT showed low dense lesions with some hemorrhagic transformation and cerebral edema in the right MCA territory. The follow-up carotid duplex ultrasound showed that thrombus in right proximal ICA was slightly dissolved and improved blood flows.

We report a patient who had thrombus in right proximal ICA associated with malignancy.