

# An extracranial internal carotid artery aneurism causing repetitive stroke

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## Anamnesis

- Female 69-years-old
- Myelodysplasia piastriosis, blood hypertension, dislipidemia, previous breast cancer.
- Therapy: ASA 100 mg, Atorvastatine 20 mg, Oncocarbide, Lansoprazole 30 mg

## History

**May 2013** -> hypoesthesia and weakness right upper limb and dysarthria (ten minutes)

- Head CT-scan -> normal.
- MRI -> left capsular lesion (DWI +). [Fig 1](#)
- Carotid sonography: neg
- Echocardiography and Cardiac evaluation: negative for embolic sources.
- Holter ECG: normal.

Home therapy: Clopidogrel 75 mg + Atorvastatine 20 mg

**July 2013** -> sensitive aphasia

- Head CT scan: left MCA Hyperdensity. Iv Heparin -> clinical improvement
- Head CT scan -> left uncus ischaemic recent lesion
- Intracranial CTA : MCA thrombosis with normal blood flux
- 14 days after: Intracranial CTA -> reperfusion: Carotid CTA: ICA saccular aneurism at the origin.

**August 2013** -> surgery for exclusion of the aneurism -> no more relapses.

## Conclusion

- Not Cardiogenic Embolic Recidivant Stroke are rare and not easy to diagnose with conventional exam (small collar and localization)
- Extracranial Carotid aneurisms are rare
- Pointing out the importance of searching unusual causes in cryptogenic strokes

## Bibliography

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Figure 1

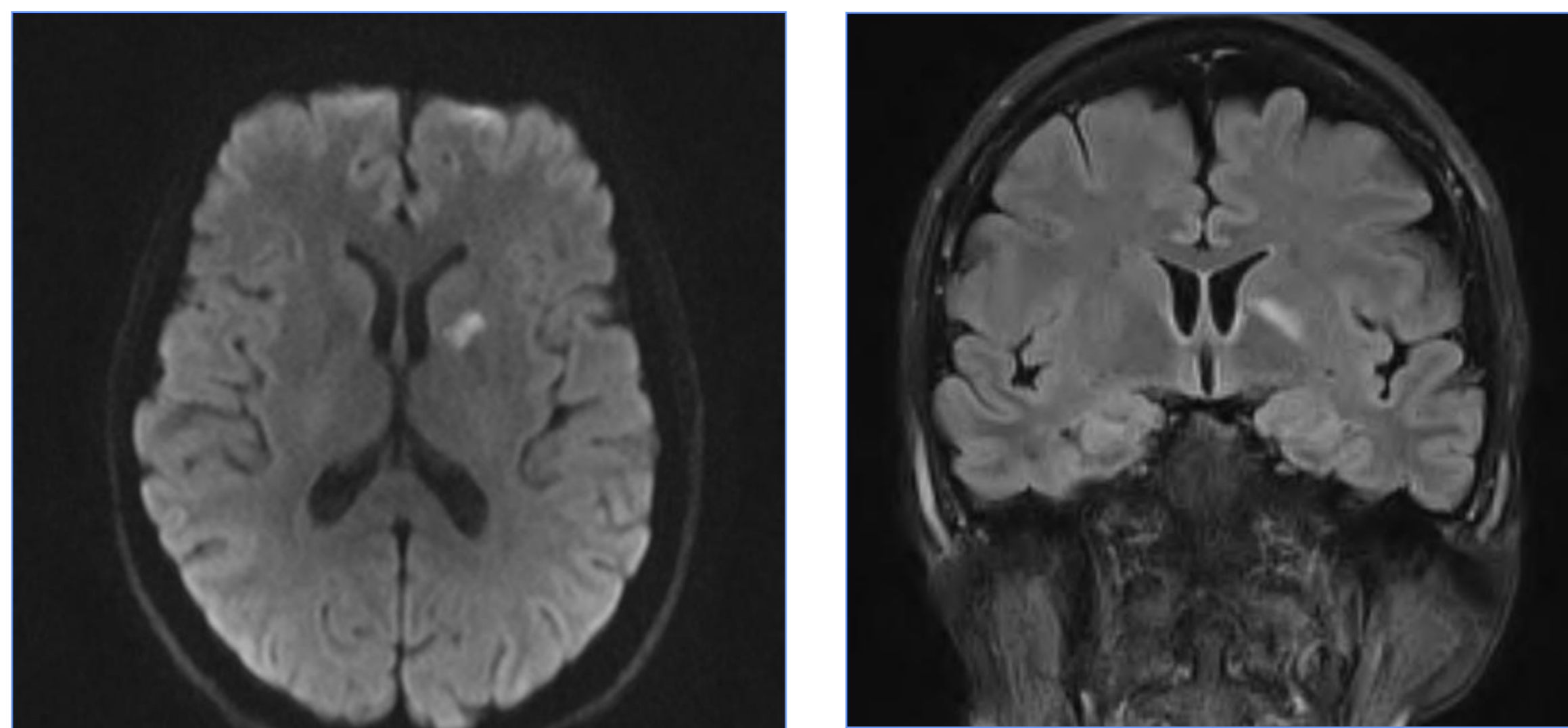


Figure 2

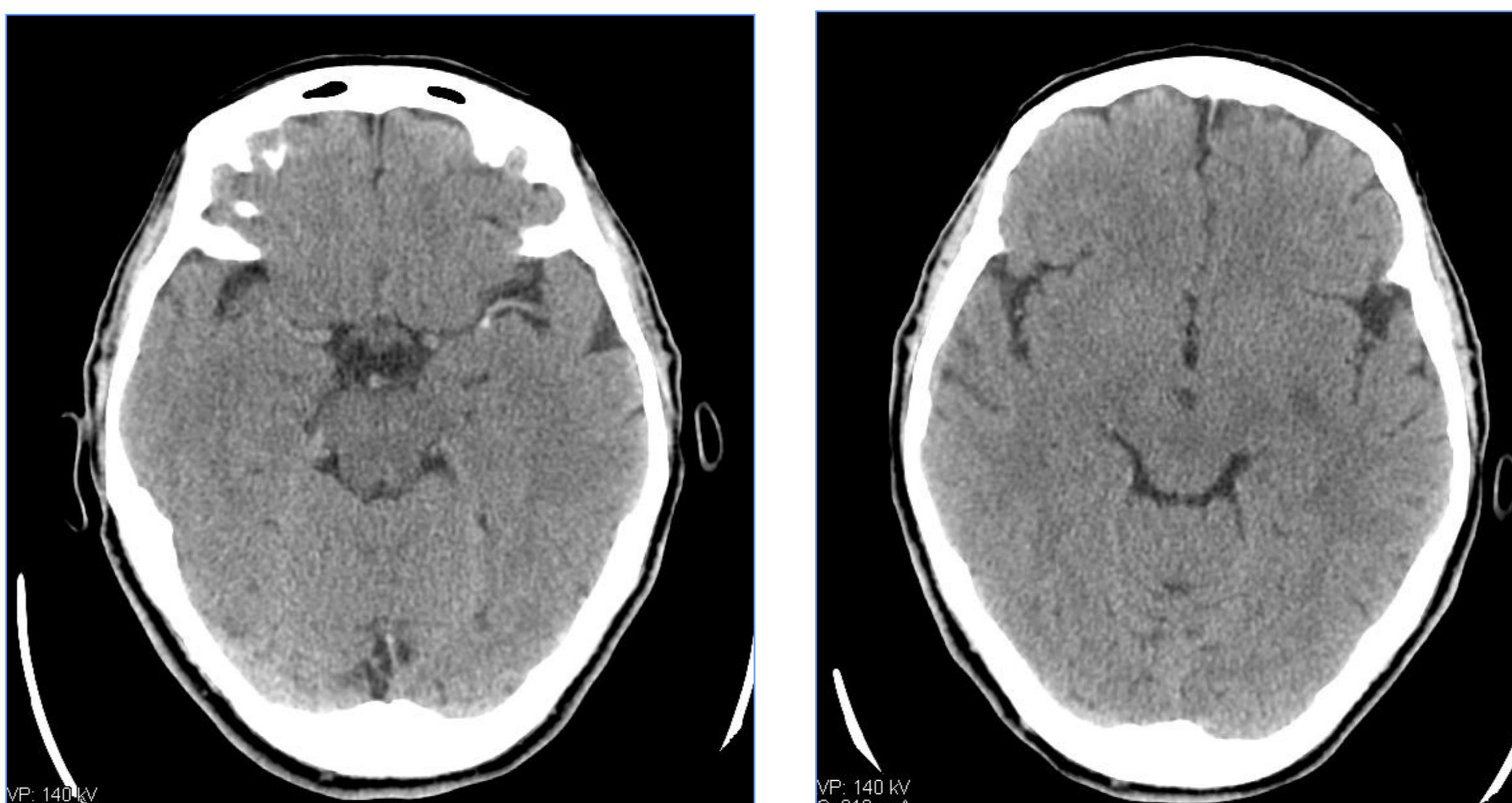


Figure 3



Figure 4



Figure 5

