

Carotid intramural hematoma as a cause of stroke in a young woman

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Potential conflicts of interest

Speaker's name: Claudio Cigalini

☑ I do not have any potential conflict of interest

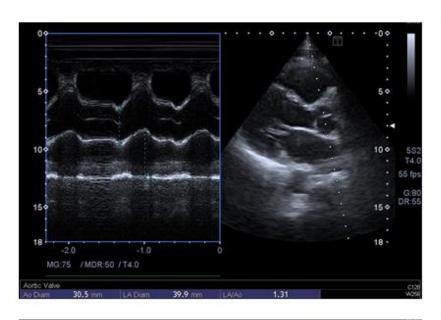


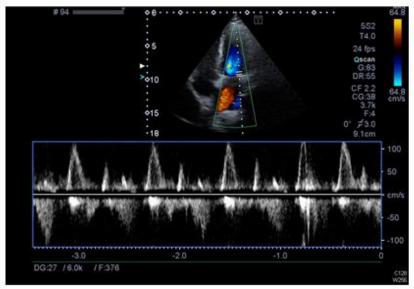
Medical history

- 33-year-old, female
- Clinical presentation: left eye amaurosis with incomplete recovery.
 No other neurological deficit. Three months of evolution.
- Cardiovascular Risk Factors: none
- Background: two pregnancies with normal deliveries, supraventricular arrhythmia
- Medication: Pantoprazole, Bisoprolol, oral contraceptives



Normal echocardiogram



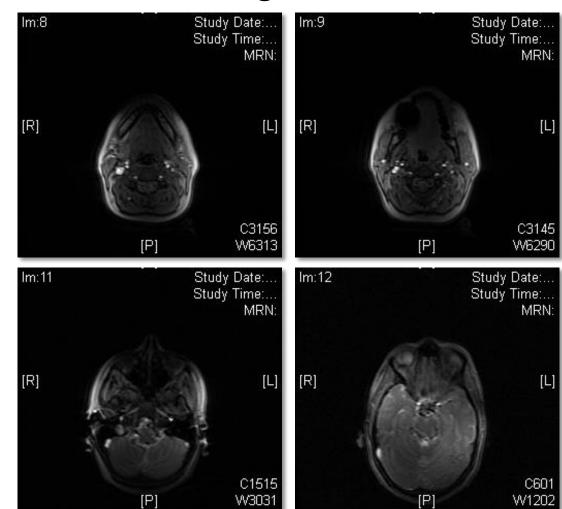








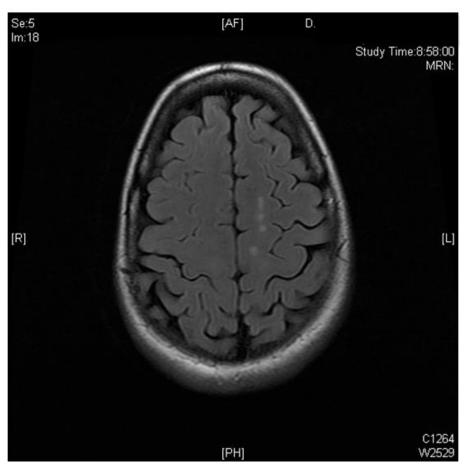
Angio-MRI



- Microinfarcts at left frontal subcortical level.
- Lesions in brain parenchyma especially in white matter.
- Alteration of the brightness of the left Optic Nerve
- Demyelinating disease is suspected and the patient is treated with corticosteroids for 3 months



Angio-MRI (3 months later)



- Frontal and parietal subcortical lesions, without hyperintense brightness and without paramagnetic contrast enhancement, limited only to the left hemisphere.
- Optic nerve lesion without hyperintense brightness
- · No other signs of demyelinating disease

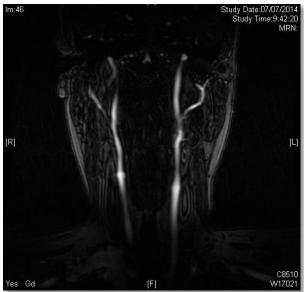


Angio-MRI



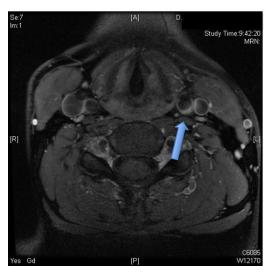


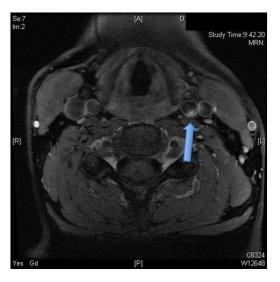


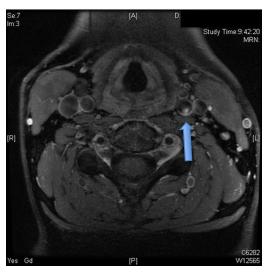


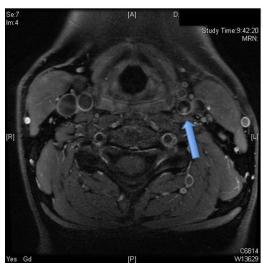


Angio-MRI









- At left internal carotid artery bifurcation and in distal direction, a paramagnetic contrast enhancement is displayed, indicating inflammation
- Image compatible with intimal flap



Invasive Angiography:





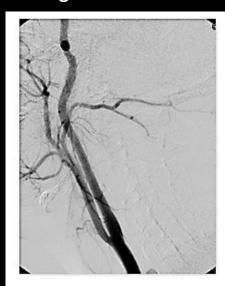


Angiography:

Invasive angiography didn't show significant abnormalities



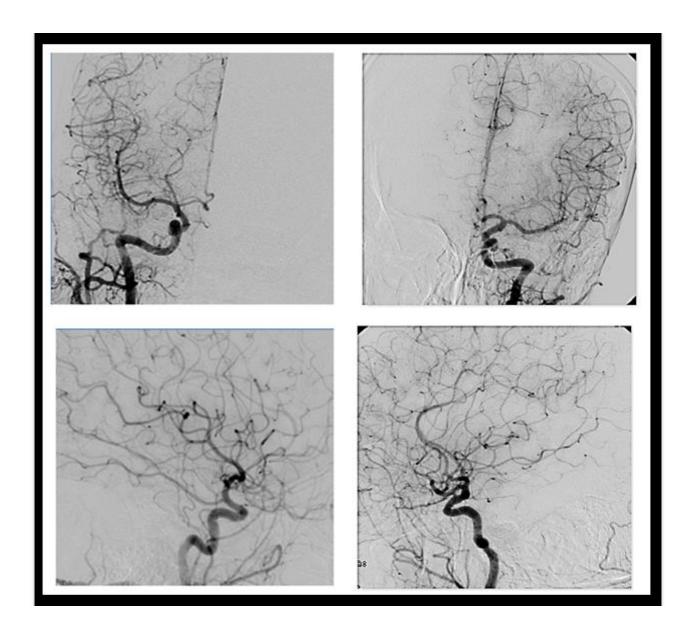








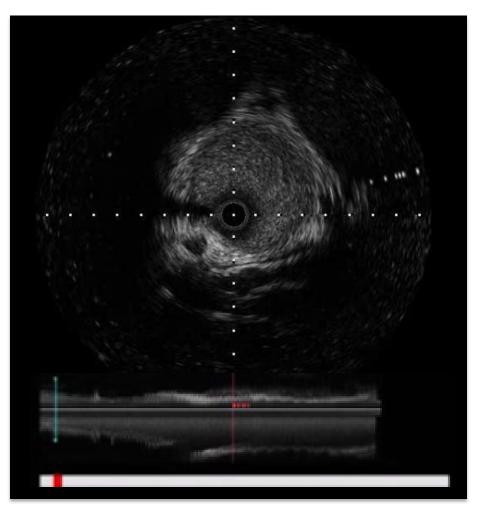
Angiography:



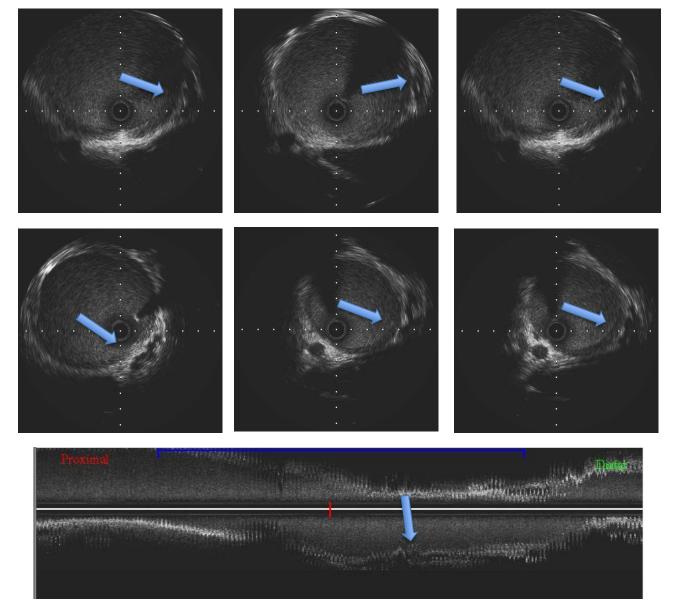


Intravascular Ultrasound

Intramural hematoma (28 x 2 mm)







- The patient was assigned to oral treatment with aspirin and clopidogrel for 6 months.
- She is keeping asymptomatic at 7 months follow-up