



Basilar artery dissection

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Case summary

A 79-year-old woman was urgently referred after a short episode of balance impairment, dysarthria and headache. Upon admission, she was asymptomatic and no clinical abnormalities were found. Brain-computed tomography (CT) and magnetic resonance imaging (MRI) revealed a dissection with inlying thrombus in an aneurysmatic basilar artery (Fig. 1A-C). A perfusion deficit could be identified in the entire posterior circulation (Fig. 1D). Anticoagulant therapy was initiated. She was discharged without any symptom. Control brain-MRI, 3 and

6 months after stroke onset, showed the residual dissection flap and thrombus, and no significant parenchymatous changes. Meanwhile, the patient remained asymptomatic. Consequently, anticoagulant treatment was replaced by a low dose of aspirin after 6 months.

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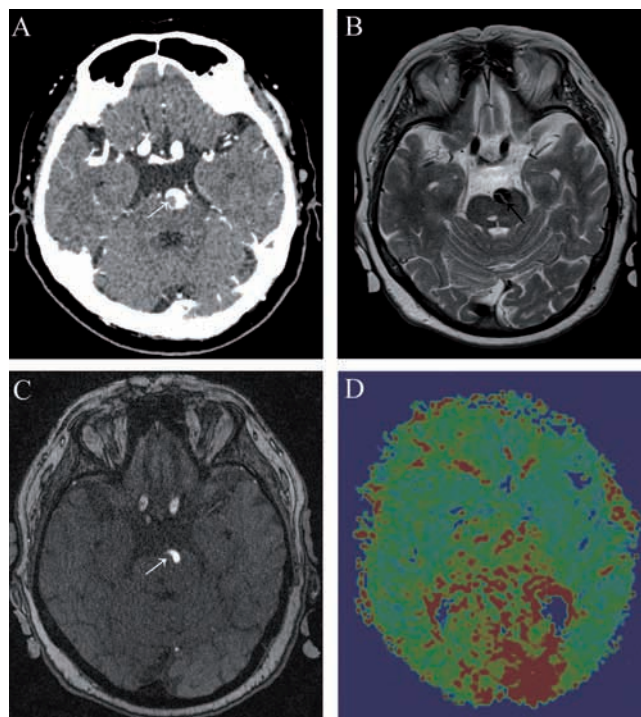


FIG. 1. — (A) Brain-CT showing the aneurysmatic dilatation of the basilar artery and an inlying thrombus (white arrow); (B) Axial T2-weighted brain-MRI revealing a dolichoectatic and tortuous basilar artery with dissection flap (black arrow); (C) Time of flight MR angiography demonstrating the thrombus (white arrow); (D) Prolonged occipital mean transit time in perfusion MRI.