中文題目:藉由血管內超音波診斷內頸動脈動脈剝離所導致之年輕型腦中風

英文題目: Young stroke with long internal carotid artery dissection diagnosed by intravascular ultrasound

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**Case report:**

A 36-year-old man presented to emergency room with left eye blurred vision and right hemiparesis during wake-up in the morning. His emergent brain computed tomography showed no intracranial hemorrhage. MRI of the brain revealed left internal carotid artery to middle cerebral artery occlusion, with left basal ganglion, corona radiate infarct (picture1, 2). CT angiography of the neck vessels was performed and showed left internal carotid artery long segment severe stenosis. The neurologist did not suggest thrombolytic treatment because the patient could not recall the exact onset of stroke. He received aspirin only and was admitted to the neurology ward.

After 3 days of antiplatelet treatment, his symptoms subsided suddenly. MRI of the brain was arranged again and showed regain flow of left internal carotid to middle cerebral artery, and no obvious significant stenosis in the intracranial portion. Carotid duplex was performed and showed normal carotid artery and flow. The patient was discharged uneventfully.

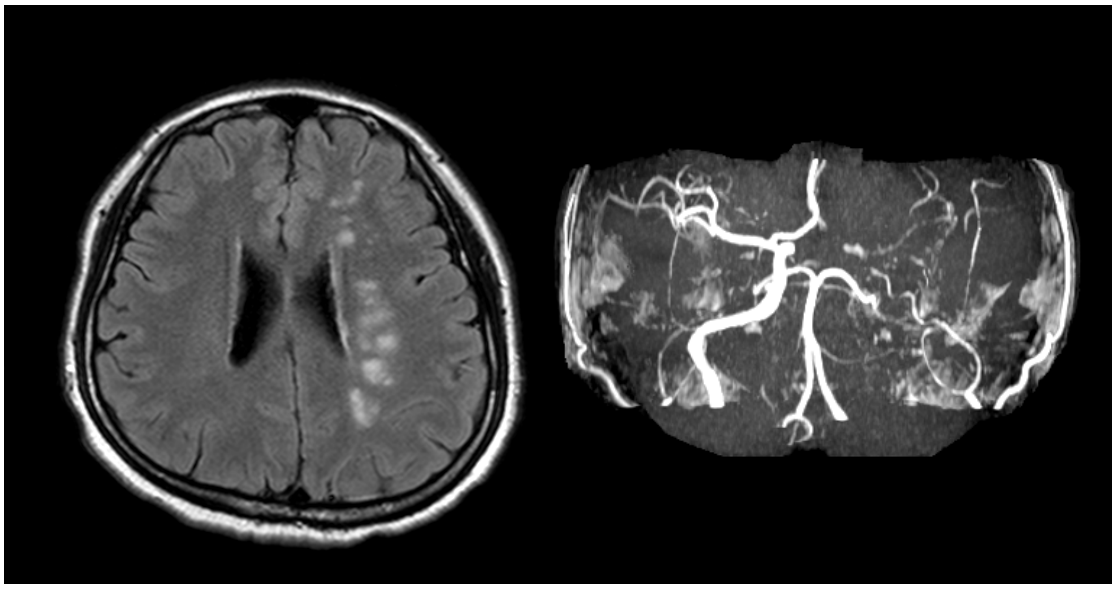
One month after stroke, we arranged a carotid angiography which showed patent left common carotid and internal carotid artery with good flow. Intravascular ultrasound was performed and showed a long dissection from internal carotid artery orifice with intramural hematoma. There was connection of true lumen and false lumen at the proximal part of dissection. Stenting was performed to prevent further distal embolization.

On the follow-up, the patient had full recovery of muscle power with mild residual symptoms (left eyelid cannot close fully).

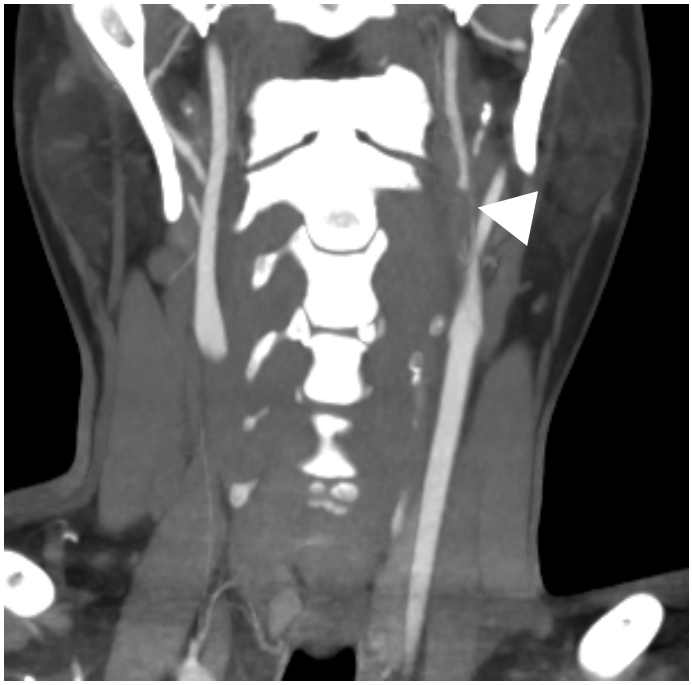
**Conclusion:**

**I**nternal carotid artery dissection should be suspected when young stroke without conventional cerebrovascular risk factors. Intravascular ultrasound was a valuable tool for diagnosis of internal carotid artery dissection.

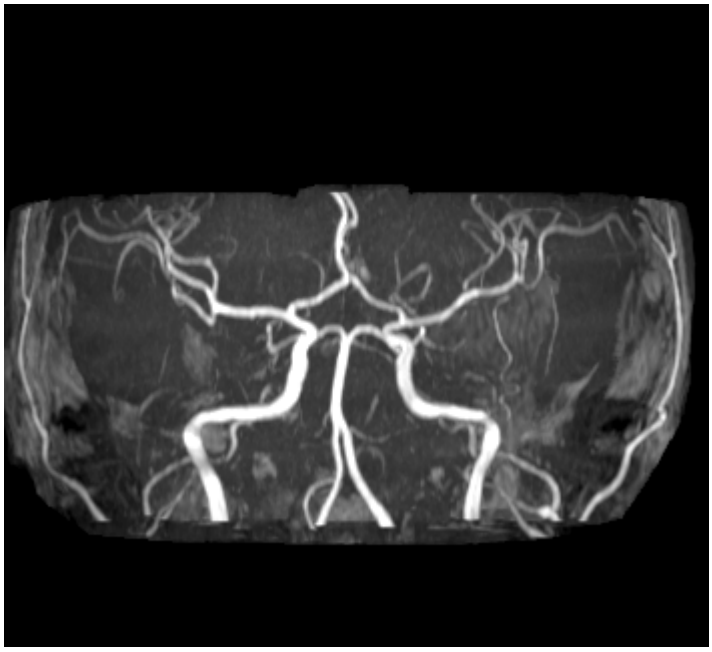
Picture1



Left MCA territory infarct and loss of left internal to middle cerebral artery flow

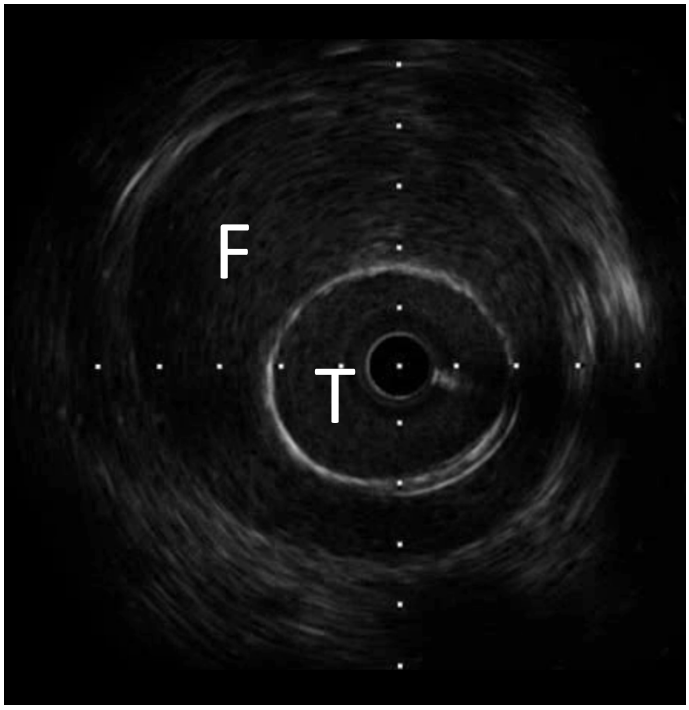


Picture 2 Triangle: left internal carotid near occlusion



Picture 3 Regain of left internal carotid to middle cerebral artery flow

Picture 4 Left carotid angiogram: no significant stenosis, good distal flow




Picture 5 IVUS showed long dissection with true lumen(T) and false lumen(F)