CASE REPORT: A CASE OF RECURRENT STROKE SECONDARY TO PERSISTENT CAROTID DISSECTION

B. Chandra[1], L. Paliwal[2], L. Yeo[2], G. Chua[1]
[1]*Department of Medicine, Alexandra Hospital (Jurong Health), Singapore*
[2]*Department of Neurology, NUHS, Singapore*

We report a case of 29 year old Indian Male who first presented to our hospital with Right sided weakness. Magnetic resonance imaging (MRI) of the brain revealed patchy subcortical and cortical infarcts suggestive of cardio embolic cause. Computed Tomographic (CT) angiogram of carotid arteries showed possible dissection and focal stenosis in the left carotid bulb. Ultrasound carotids revealed small focal dissection in mid common carotid artery and proximal internal carotid artery. Transthoracic echo cardiogram was normal. Patient denied any recent trauma or neck pain. Thrombophilia screen was normal. A diagnosis of spontaneous carotid artery dissection was made and he was started on anticoagulation. Subsequently, his neurological deficit improved. Four months later, he was admitted again with the complaints of right sided weakness, nominal dysphasia and dyspraxia. MRI brain revealed areas of acute infarction in the left Middle cerebral artery territory on a background of sub-acute to chronic infarcts. A repeat CT angiogram of carotid arteries revealed increased mural thrombus at the site of dissection in the left carotid bulb causing severe luminal narrowing. Patient was continued on anticoagulation as he declined surgical intervention. His symptoms improved after undergoing physiotherapy and occupational therapy.

Acute stroke in young patients due to carotid dissection is fairly common. Our patient had spontaneous carotid dissection without any predisposing cause. Treatment with anticoagulation as compared to antiplatelet agents to prevent recurrence of stroke in these patients is still controversial.