

Extensive and bilateral anterior cerebral stroke mimicking basilar artery occlusion

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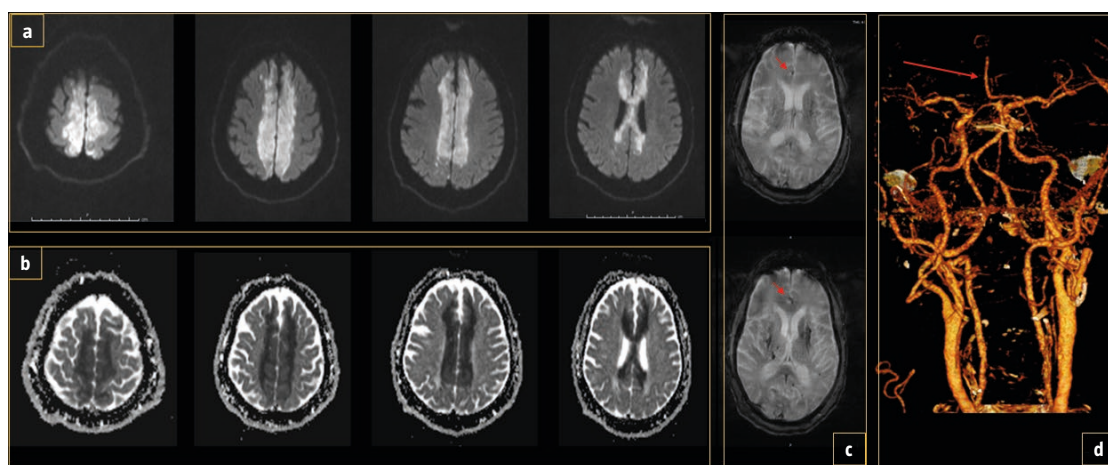


Figure. Brain magnetic resonance imaging showing the presence of acute extensive bilateral anterior cerebral artery stroke with involvement of corpus callosum and frontoparietal para-sagittal regions on diffusion (a) and apparent diffusion coefficient weighted imaging (b). Intraarterial thrombus (red arrow) on the gradient echo image susceptibility vessel sign (c) and occlusion of azygos anterior cerebral artery (red arrow) with concomitant hypoplasia of the right A1 (d) are present, shown on the multiplane reconstruction of maximum intensity.

The clinical presentation of acute stroke is pleomorphic. Very rarely, the clinical characteristics in the presentation of the stroke of the anterior circulation can mimic the presentation of basilar artery thrombosis [1]. A 61-year-old-man was admitted with 12 hours evolution of left hemiparesis. Four hours after arriving he sudden got worse with Glasgow coma score of 11, alternating eye deviation, lower limbs predominant spastic tetraparesis and bilateral Babinski sign. The brain magnetic resonance showed the presence of an extensive and symmetrical bilateral anterior cerebral ar-

tery infarcts (Figure a and b). The presence of intraluminal thrombi (Figure c) within the azygos artery (Figure d) was documented. He had progressive neurological clinical deterioration and died six days after admission. The occurrence of acute spastic tetraparesis raises the possibility of basilar artery thrombosis, a neurological situation with high mortality [2]. However, vascular investigation revealed the occlusion of an azygos variant of anterior cerebral artery. The anterior cerebral artery azygos variant is rare, and its occlusion is invariably associated with poor negative functional impact [3].

Unfortunately, due to the extension of the lesions, an extremely rare aggressive lethal course occurred.

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