

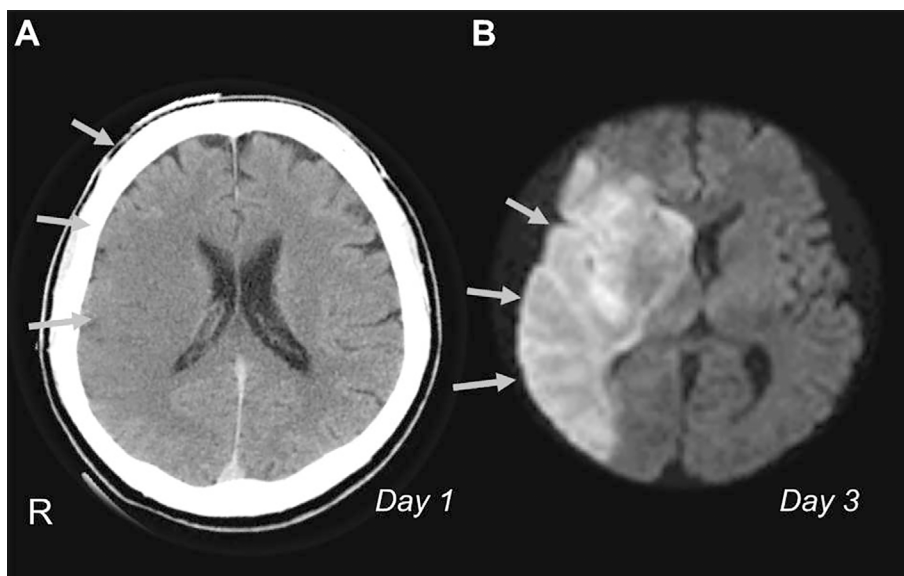
Carotid Artery Occlusion Caused by the Judo Chokehold Technique, ‘Shime-waza’

Yuji Kato, Takeshi Hayashi, Norio Tanahashi and Masaki Takao

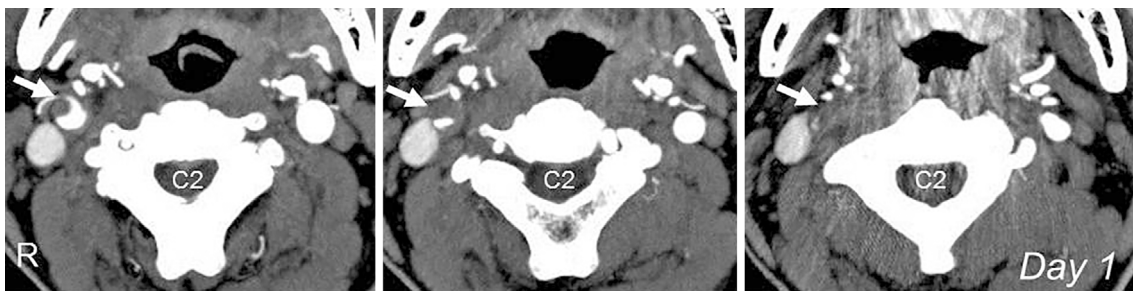
Key words: carotid artery occlusion, judo chokehold, ischemic stroke, blunt carotid artery injury

(Intern Med 56: 881-882, 2017)

(DOI: 10.2169/internalmedicine.56.7412)



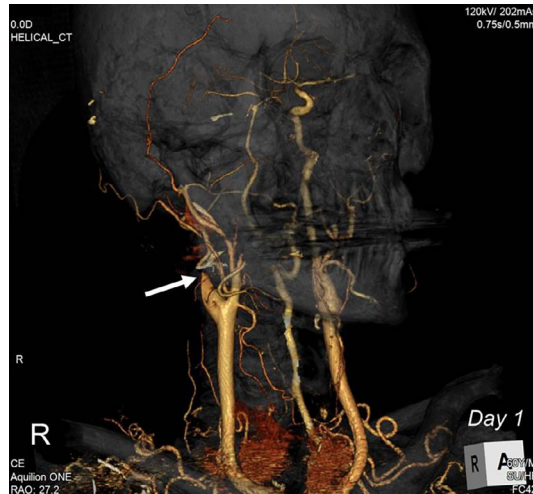
Picture 1.



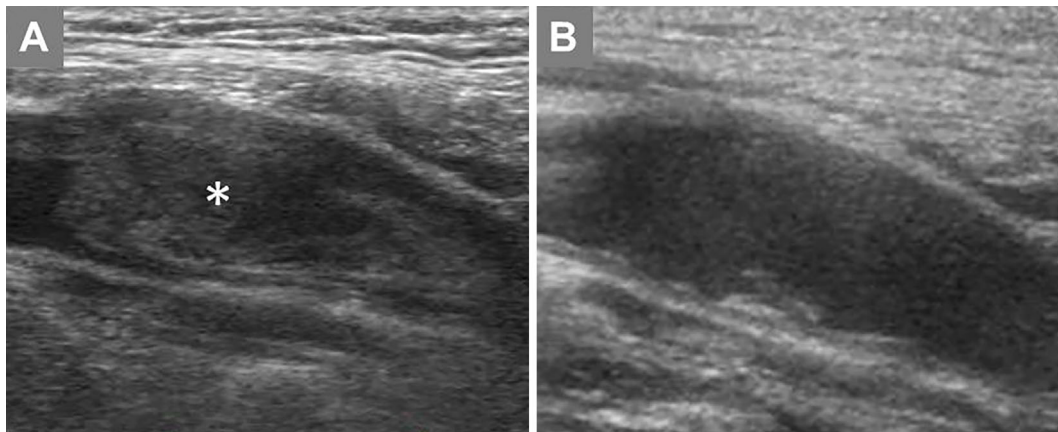
Picture 2.

A 60-year-old man developed a disturbed consciousness and left hemiplegia following a judo chokehold. His opponent's arm probably compressed his right carotid artery for less than 1 minute. Brain computed tomography (CT) and

diffusion-weighted magnetic resonance imaging showed right middle cerebral artery territory infarction (Picture 1, arrows). Filling defects and a thrombus were found in the right internal carotid artery (ICA) by CT angiography (Pic-



Picture 3.



Picture 4.

ture 2, 3 arrows) and ultrasonography (Picture 4A, asterisk), respectively. The thrombus disappeared 21 days later (Picture 4B). At discharge, his modified Rankin Scale score was 4.

ICA occlusion has not previously been reported in association with a chokehold. Extracranial carotid artery injury usually occurs beyond the bifurcation, where the lateral mass of the cervical vertebrae compresses the ICA (1). In our case, the history and neuroimaging findings strongly suggested local thrombosis arising from intimal disruption. Carotid artery injury must therefore be considered when a stroke occurs during contact sports.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Fabian TC. Blunt cerebrovascular injuries: Anatomic and pathologic heterogeneity create management enigmas. *J Am Coll Surg* **216**: 873-885, 2013.

The Internal Medicine is an Open Access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).