

Images in clinical medicine: vertebral artery dissection

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Vertebral artery dissection

This is a case of a 47-year-old German lorry driver with very limited English who presented with sudden onset of a neck pain followed by an occipital headache while he was on the motorway. The pain forced him to stop his vehicle and call a friend who brought him to accident and emergency department. On examination, he had unsteady gait, slight dysarthria and subtle horizontal nystagmus on extreme left gaze. There was slight incoordination and dysdiadokinesis in his left upper limb. Lumbar puncture showed high CSF protein with normal cells and glucose. MRI scan showed a left cerebellar infarction (Fig. 1). On angiogram (Fig. 2), there was evidence of some irregularity of the superior vertebral arteries bilaterally, particularly on the left side. There was some high signal in the vessel wall on the left side. These findings are consistent with vertebral arteries dissection predominantly on the left side.

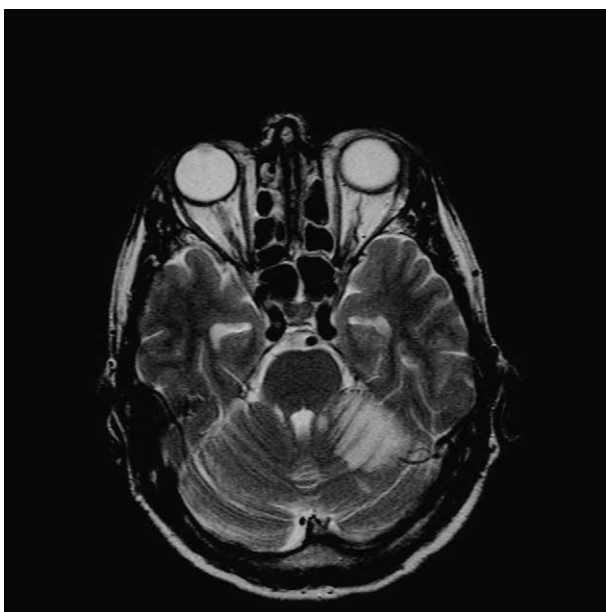


Fig. 1. MRI scan showing a left cerebellar infarction.



Fig. 2. Carotid angiogram showing irregularity of the superior vertebral arteries mainly on the left.

Learning points

- 1) Vertebral artery dissection can present with subtle clinical findings (1).
- 2) Vertebral artery dissection is one of the causes of an isolated rise in CSF protein (2).

References

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