Bilateral Acute Internal Carotid Artery Occlusion Presenting with Sudden Coma

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A 91-year-old woman with atrial fibrillation (AF) was brought to the emergency unit because of sudden development of coma. Neurological examination revealed decerebration posturing and bilateral Babinski signs along with intact brainstem functions. Brain magnetic resonance (MR) imaging demonstrated extensive infarctions encompassing com-

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plete territory of the anterior and middle cerebral arteries bi-
laterally (Picture). Cervical ultrasound, obtained just after MR imaging, showed a chronic atheromatous occlusion in the cervical portion of the right internal carotid artery (ICA). Transcranial ultrasound disclosed the absence of flow in the terminal (T) segment of left ICA. Based on these sonographic studies, an acute left ICA T-occlusion possibly due to AF-related cardioembolism, resulting in near com-
plete cessation of anterior cerebral circulation was diag-
nosed. No heroic measure was pursued, and she died peace-
fully. Acute bilateral ICA occlusion presents with coma, quadriplegia, and decerebrate rigidity (1). It can initially be misdiagnosed as severe brainstem stroke or metabolic en-
cephalopathy. However, the presence of brainstem reflexes at admission and timely-performed diffusion MR imaging provides the information for appropriate differentiation.

Reference