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A 63-year-old woman with hyperlipidemia was admitted to our hospital because of sudden-onset left hemiparesis. Neurological examinations revealed left homonymous hemianopsia in addition to transient left hemiparesis that disap-

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appeared within 24 hours after admission. Brain MRI showed old right posterior cerebral artery (PCA) territory infarction without fresh lesions (Picture 1-a), and MRA revealed a right persistent primitive hypoglossal artery (PPHA) (Picture 1-b and -c). Carotid ultrasonography demonstrated right internal carotid artery (ICA) atherosclerosis (Picture 1-d). We diagnosed transient ischemia of the right middle cerebral artery and an old right PCA territory infarction due to right ICA atherosclerosis with PPHA branching to the posterior circulation. To date, a few similar cases of the association between PPHA and brain infarction have been reported (1-3). One such case was successfully treated with carotid arterial stenting for symptomatic ICA stenosis with PPHA (3). Although PPHA is a rare vascular anomaly (4) and sometimes unidentified in conventional brain MRA, it should be considered in the differential diagnosis as a possible cause of complex neurological deficits.

References


