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## NeuroImages

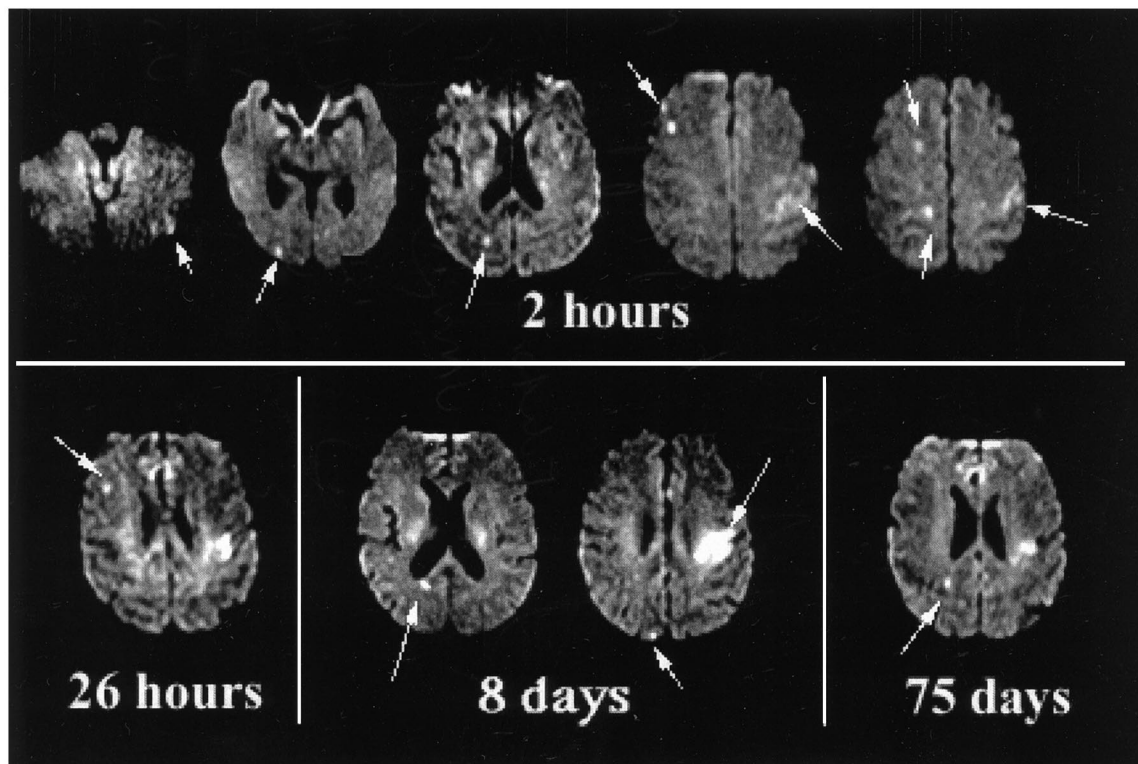


Figure. Diffusion-weighted MRI study. Arrows indicate areas of acute ischemic injury.

### Recurrent silent cerebral embolism

A.E. Baird, FRACP, PhD, S. Warach, MD, PhD, Bethesda, MD

Multiple silent cerebral ischemic lesions in space and time occurred in a 58-year-old man with an untreated left ventricular cardiac thrombus.<sup>1–2</sup> This patient initially presented with a sudden onset of expressive dysphasia, right-sided weakness and hypotension, with a history of myocardial infarction and poor left ventricular function. The first MR diffusion-weighted imaging (DWI) study was obtained two hours after the onset of symptoms. The hyperintense areas (arrows) indicate acute ischemic injury. DWI lesions were present in the left frontal region, the right cerebral hemisphere, and the left cerebellar hemisphere. On serial MR studies new clinically silent small

lesions were detected. At 26 hours and 8 days new lesions had developed in the right cerebral hemisphere (arrows). The left frontal lesion had shown some signs of lesion evolution with hyperintensity and some enlargement. At 75 days a new lesion was present adjacent to the posterior horn of the right lateral ventricle. An apical thrombus was subsequently found on transesophageal echocardiography. A previous bleeding episode had precluded anticoagulation until this time.

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