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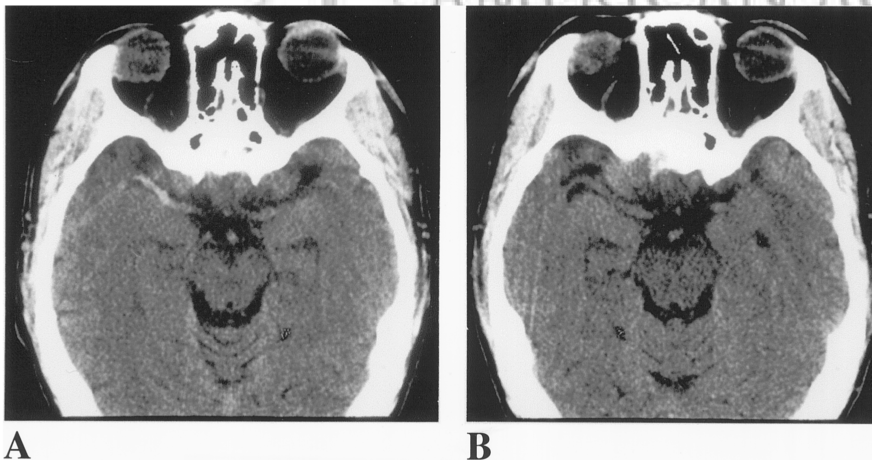

Figure. (A) Noncontrast axial CT performed 45 minutes after the onset of symptoms demonstrates a hyperdense right middle cerebral artery (MCA), with no evidence of intracranial hemorrhage. There was subtle asymmetry of the sylvian fissures, but no definite involvement of the right lentiform nucleus or insular ribbon (not shown). (B) Three-hour follow-up axial CT demonstrates resolution of the hyperdense right MCA.

Hyperdense MCA resolved after tPA

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A 57-year-old male experienced sudden onset of left-sided hemianopsia, neglect, and weakness (face/arm [0/5 strength] > leg [2/5 strength]); NIH stroke scale (NIHSS) = 16. Prothrombin time/international normalized ratio was 15.2/1.8. CT scan revealed a hyperdense middle cerebral artery (HMCA) (figure, A). tPA (0.9 mg/kg) was infused at t = 2.5 hours. Within 30 minutes, arm/leg strength was 4/5 (NIHSS 10). Repeat CT scan demonstrated MCA patency (see figure, B). The patient made a complete recovery.

The HMCA is a marker of intraluminal thrombus in the appropriate clinical setting.[1] When accompanied by an NIHSS > 10, outcomes are typically poor.[2] We believe these images represent recanalization of an occluded vessel.

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