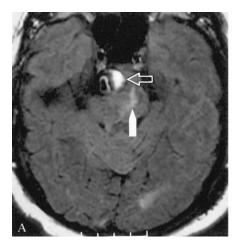
## **Neuro** *Images*



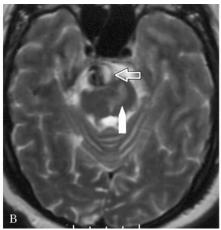




Figure. T2-weighted fluid-attenuated inversion recovery (A) and spin-echo (B) MR images at the level of the pons reveal a dolichoectatic basilar artery aneurysm and a thrombus partially filling the lumen (clear arrow). A probable stroke in the pons involving the pontine perforating artery territory is also present (A and B, solid arrow). Thrombus was not present 3 years ago (clear arrow in C).

## Basilar artery aneurysm thrombosis

Pitchaiah Mandava, MD, PhD; Ann Bebensee, MD; R. Ryan Rawlings, DO; and Thomas A. Kent, MD, Galveston, TX

A 53-year-old man presented with new-onset severe right-sided weakness, dysarthria, dysphagia, and nystagmus. Posterior circulation infarct was suspected and MRI showed a thrombus in a previously characterized dolichoectatic basilar artery aneurysm (figure). The evolution of an arterial thrombus by MRI differs from an intraparenchymal hematoma. Hyperintensity on T1 (not shown) and

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T2 spin-echo images indicate an arterial thrombus hours to days old and may reflect accumulation of paramagnetic methemoglobin and changes in protein hydration as red blood cells lyse.1

This and two prior strokes were preceded by an acute gout attack. Infection and inflammatory conditions including gout may be triggers for ischemic events,2 conceivably increasing the risk for thrombus formation at a vulnerable site.

<sup>1.</sup> Corti R. Osende JI. Favad ZA, et al. In vivo noninvasive detection and age definition of arterial thrombus by MRI. J Am Coll Cardiol 2002;39: 1366-1373.

<sup>2.</sup> Macko RF, Ameriso SF, Barndt R, Clough W, Weiner JM, Fisher M. Precipitants of brain infarction. Roles of preceding infection/inflammation and recent psychological stress. Stroke 1996;27:1999-2004.



## Basilar artery aneurysm thrombosis

Pitchaiah Mandava, Ann Bebensee, R. Ryan Rawlings, et al. *Neurology* 2002;59;1287 DOI 10.1212/01.WNL.0000033623.85661.92

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