



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

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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.<sup>1</sup> Hyperintensity on T1 (not shown) and

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.<sup>1</sup>

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

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