Neuro *Images*

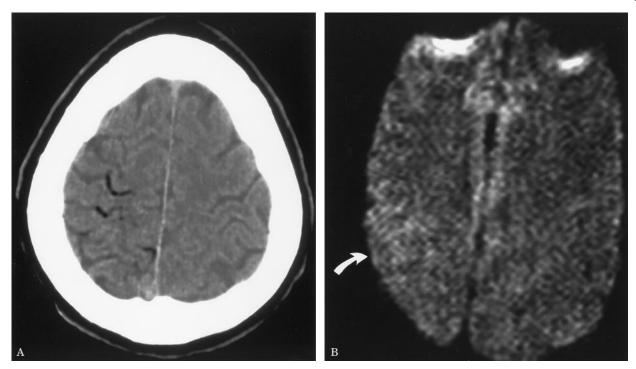


Figure. (A) Head CT obtained half an hour after symptom onset demonstrates hypointensity in the cortical branches of the right middle cerebral artery (MCA) consistent with air. (B) Diffusion-weighted imaging obtained 1.5 hours after symptom onset shows increased signal intensity in the right MCA territory (arrow).

Cerebral air embolism

Timea Hodics, MD, and Italo Linfante, MD, Boston, MA

A 35-year-old man developed tension pneumothorax 2 days after a right upper lobectomy with resection of an aspergilloma. During CT-guided chest tube placement, he sud-

Address correspondence and reprint requests to Dr. Italo Linfante, Department of Neurology, Division of Cerebrovascular Diseases, Beth Israel Deaconess Medical Center, West Campus Palmer 127, 330 Brookline Ave., Boston, MA 02115; e-mail: ilinfant@caregroup.harvard.edu

denly developed decreased responsiveness, conjugate eye deviation to the right, left face, arm, and leg weakness with sensory deficit (NIH Stroke Scale [NIHSS] = 25). Head CT showed air in the right cortical middle cerebral artery (MCA) branches (figure, A). Diffusion-weighted imaging showed increased signal intensity in the cortical right MCA territory (see figure, B). Induced hypertension and hyperoxygen treatment led to gradual improvement until full recovery in 1 week (NIHSS = 0). There was no evidence of infarction on follow-up MRI examination.



Cerebral air embolism

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