



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

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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-

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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.

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