

Figure 1. In the basal cistern, CT scans show homogeneous isodensity elongated masses, surrounded by flecks of high density. Large hematoma is seen in the left putamen.

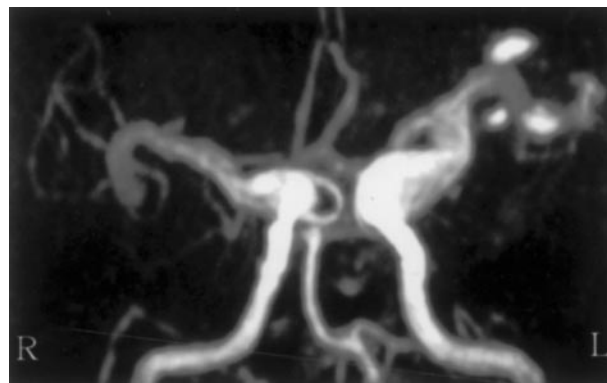


Figure 2. On MR angiography, bilateral middle cerebral arteries are tortuous, elongated, and dilated.

Hemorrhage with dolichoectatic middle cerebral arteries

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A 58-year-old woman was admitted to our hospital with lethargy, right hemiplegia, and right homonymous hemianopia. An emergency CT showed a large hemorrhage in the left putamen and distorted bilateral middle cerebral arteries with numerous

calcified deposits in their walls (figure 1), which was confirmed by MR angiography and conventional angiogram (figure 2). Laboratory investigation disclosed no significant risk factors except for hypertension. Over several months, she recovered considerably.

Dolichoectatic intracranial artery is known to cause ischemia¹ and rarely subarachnoid hemorrhage from the affected arterial wall.² Notably, there has been no report of intracerebral hemorrhage associated with this condition.

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1. Ince B, Petty GW, Brown RD, Chu CP, Sicks JD, Whisnant JP. Dolichoectasia of the intracranial arteries in patients with first ischemic stroke: a population-based study. *Neurology* 1998;50:1694–1698.
2. Goldstein SJ, Tibbs PA. Recurrent subarachnoid hemorrhage complicating cerebral arterial ectasia. *J Neurosurg* 1981;55:139–142.

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