



Figure. MR angiogram of the vertebrobasilar system shows basilar artery ectasia (A). Axial T1-weighted images show elongated and tortuous basilar artery with pressure effect on left trigeminal nerve (C). The right trigeminal nerve shows no pressure effect (B).

Tic doulereux in basilar artery ectasia

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A 60-year-old man presented with intermittent left-sided lancinating facial pain for the past 6 months, without an identifiable trigger. General physical examination results were normal. Neurologic examination showed only decreased touch sensation in left

V3 distribution. MRI of the brain followed by MR angiogram showed marked basilar artery ectasia with evidence of direct pressure on the left trigeminal nerve (figure). Basilar artery ectasia has been associated with cranial neuropathies, hydrocephalus, and ischemic symptoms in the vertebro-basilar distribution.¹ MR imaging and angiography represent a valuable noninvasive diagnostic tool for this arterial abnormality. In our case, treatment with carbamazepine produced marked symptomatic improvement. Microvascular decompression or gamma knife radiosurgery may be helpful if medical treatment fails.

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