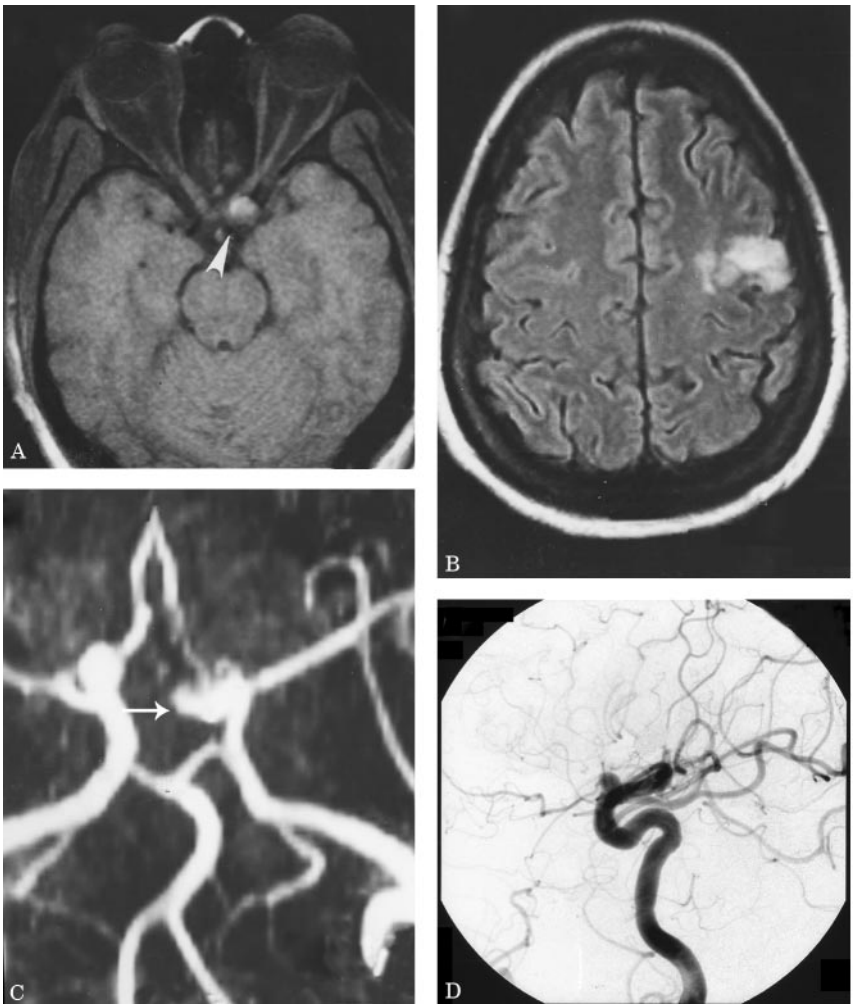


*Figure. Axial T1 MRI shows well-circumscribed lesion with concentric high signal intensity in the area of distal left carotid (A) consistent with partially thrombosed aneurysm. Fluid attenuated inversion recovery sequence axial MRI shows left posterior frontal cortical infarction (B), ipsilateral to the thrombosed aneurysm. MR angiography (C) and conventional digital subtraction angiography (D) confirmed the presence of 5-mm paraophthalmic aneurysm.*

## Partially thrombosed aneurysm and stroke

*Osama O. Zaidat, MD, MSc; Joy Derwenskus, DO; Jose I. Suarez, MD; and Warren R. Selman, MD, Durham, NC and Cleveland, OH*

A 45-year-old African-American woman with previous history of diabetes, hypertension, and hypercholesterolemia presented with speech and word-finding difficulties. She complained of right-sided facial droop and upper limb weakness and numbness. Neurologic examination showed impaired speech fluency and repetition, while sparing the naming and comprehension. Mild right-sided weakness and reduced fine-finger movement on the right hand were noted. Neuroimaging findings are shown in the figure.

Ischemic stroke in the context of partially thrombosed aneurysm is under-recognized, but it is often encountered with giant aneurysms.[1] Smaller aneurysms are increasingly recognized as a source of distal embolization and usually treated with antiplatelet therapy while awaiting primary aneurysm management.[2]

Address correspondence and reprint requests to Dr. Osama O. Zaidat, Clinical Associate, Department of Radiology, Box 3808, Duke University Medical Center, Durham, NC 27710; e-mail: ozaidat@hotmail.com or zaida001@mc.duke.edu

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