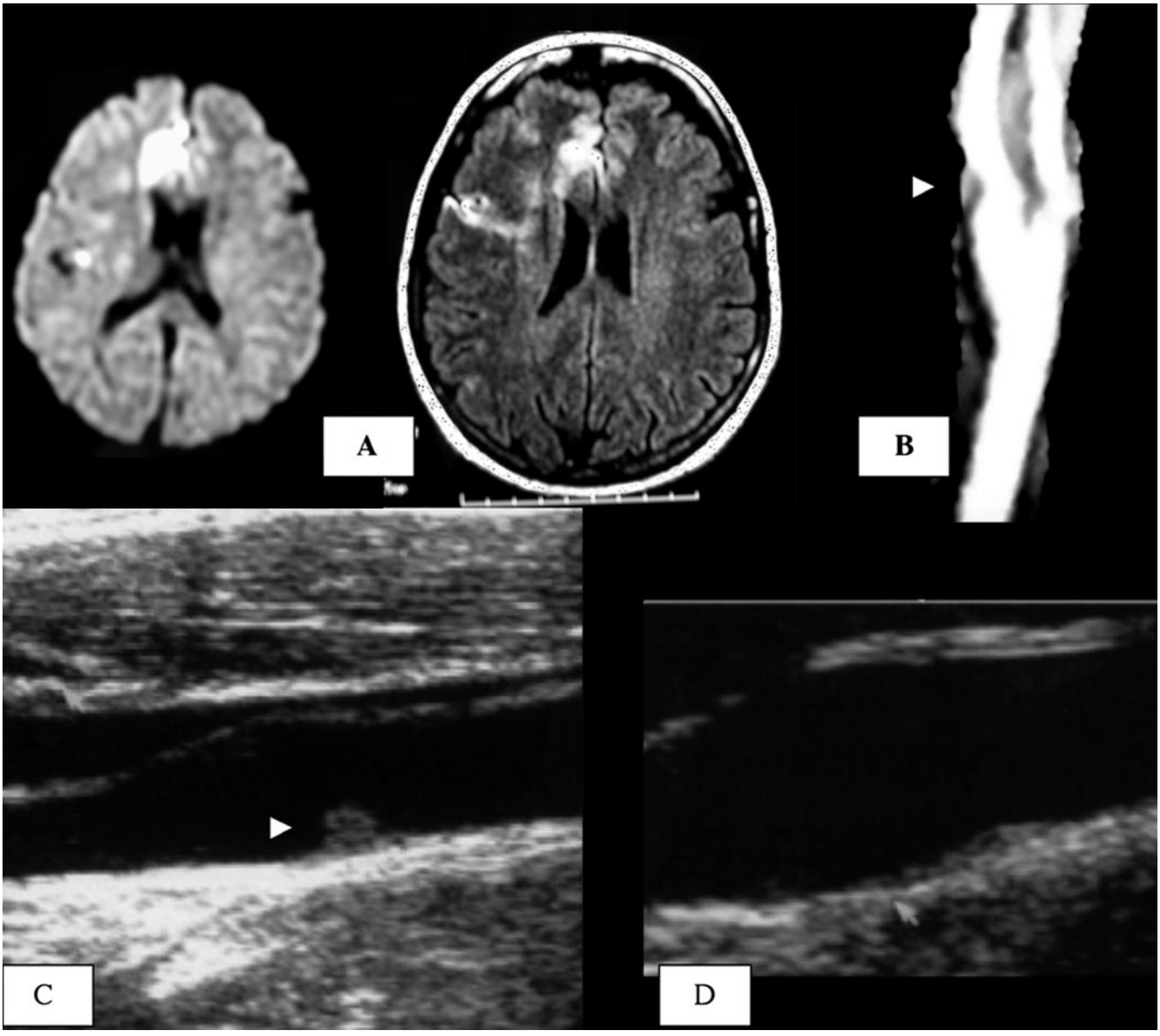

Figure. (A) Axial diffusion-weighted and fluid-attenuated inversion recovery (FLAIR) MRI: hyperintensity in right anterior and middle cerebral arteries; (B) mural thrombus of internal carotid artery (arrow) on CT scan-angiography and (C) cervical ultrasound; (D) control cervical ultrasound after 1 week.

Thrombotic cocktail in stroke

A. Idbaih, MD; I. Crassard, MD; K. Vahedi, MD; J. P. Guichard, MD; and F. Woimant, MD, Paris, France

A 35-year-old woman was admitted after a sudden left-arm deficit, which was preceded by 3 weeks of the same transient episodes lasting less than 5 minutes each. She was being treated for menorrhagia with tranexamic acid and was also using oral contraceptives. Three weeks before, she had a *Mycoplasma pneumoniae* respiratory infection. MRI showed a recent ischemia in the territories of the right middle and anterior cerebral arteries (figure, A). Ultrasound examination and CT-scan-angiography revealed a mural thrombus of the right carotid internal artery (figure, B and C). After treatment with heparin, the patient completely recovered and the thrombus disappeared 1 week later (figure, D). Artery-artery emboli from carotid disease are one of the most common causes of stroke. Direct visualization of thrombus in the carotid artery is, however, uncommon, especially in patients without carotid disease. Tranexamic acid, inhibitor of fibrinolysis, and *M pneumoniae* infection, in addition to oral contraceptives, were probably triggering factors in the formation of the carotid thrombus and its cerebral embolic complication.[1, 2]

Address correspondence and reprint requests to Dr. Isabelle Crassard, Lariboisière hospital, 2 rue Ambroise Paré 75010, Paris, France; e-mail: isabelle.crassard@lrb.ap-hop-paris.fr

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