

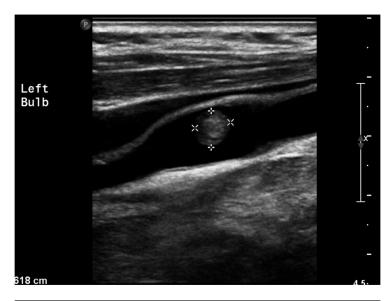
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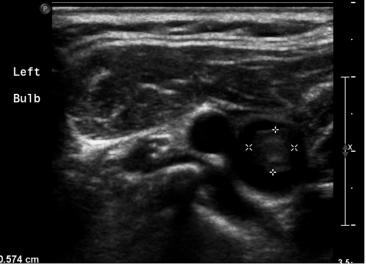
Teaching Neuro *Images*: Disappearing intraluminal thrombus of the carotid artery in reactive thrombocytosis

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Figure 1 Ultrasound B-mode image of the left internal carotid artery (ICA) in longitudinal (top) and axial (bottom) views





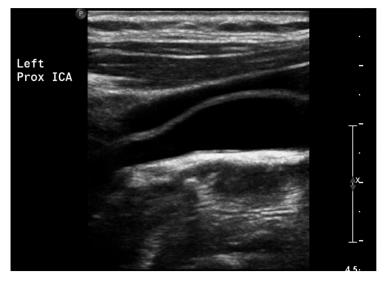
Slightly hyperechoic intraluminal thrombus appears adherent to the anterior wall of the ICA. There are no significant atherosclerotic changes of the underlying intimal-medial complex.

A 41-year-old woman with menorrhagia awoke with right hemiparesis. Brain MRI demonstrated punctate infarcts in the left middle cerebral artery territory.

Ultrasound revealed intraluminal thrombus in the left internal carotid artery bulb (figure 1). Hemoglobin was 6.9 g/dL (normal 12.0–16.0 g/dL), platelet

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Figure 2 Ultrasound B-mode image of the left internal carotid artery (ICA) in longitudinal (top) and axial (bottom) views





Thrombus has disappeared at 1 month.

count 1,557 \times 10³/mm³ (normal 150–400/mm³), and serum ferritin 2.20 ng/mL (normal 12–150 ng/mL). The patient was treated with platelet apheresis, packed erythrocyte transfusion, parenteral iron, and aspirin. Evaluation for other hypercoagulable states was negative. Repeat platelet count was 422 \times 10³/mm³. At 1 month, the intraluminal thrombus had disappeared (figure 2).

Reactive thrombocytosis from iron deficiency anemia is a rare cause of stroke.¹ In this setting, thrombus in the internal carotid artery may resolve with medical management.²

DISCLOSURE

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