

# Rare etiology for splenium of corpus callosum infarction

## Anterior cerebral artery dissecting aneurysm

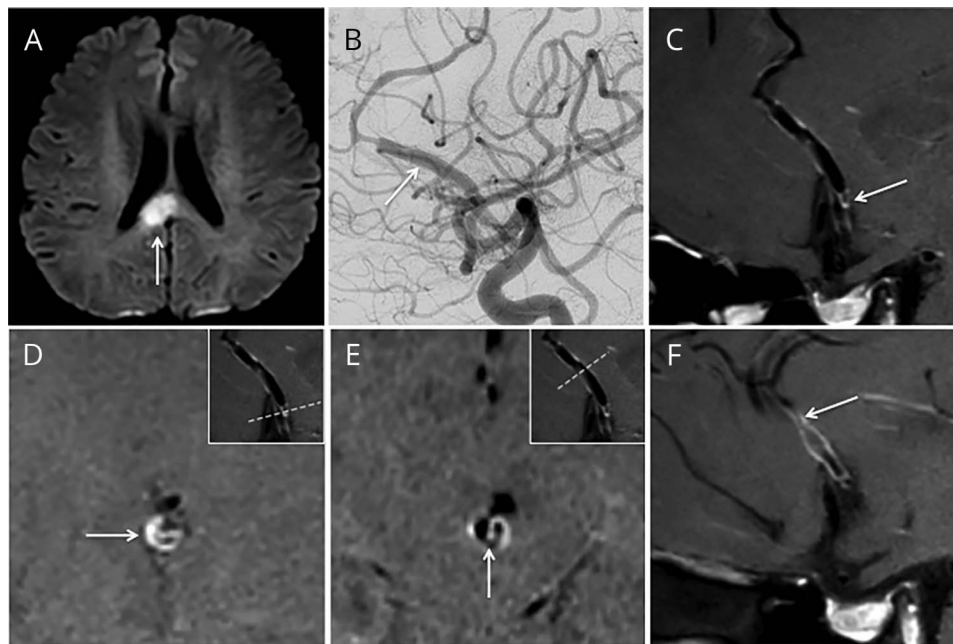
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**Figure** Anterior cerebral artery dissecting aneurysm for splenium of corpus callosum infarction



(A) Diffusion-weighted imaging shows acute infarction in the right splenium of corpus callosum. (B) Digital subtraction angiography displays dilation with stenosis lesion in the right anterior cerebral artery. Long (C, arrow) and short (D, E, arrow) axial view of high-resolution MRI reveals intimal flap indicating dissecting aneurysm. (F, arrow) Follow-up MRI detects the segmental change from luminal dilation to stenosis.

A 53-year-old man presented with left hand weakness. Brain MRI revealed acute infarction in the right splenium (figure, A) of corpus callosum. Digital subtraction angiography showed a dilation with stenosis lesion in the right A2 segment (figure, B) of anterior cerebral artery (ACA). 3D High-resolution MRI (HRMRI) revealed an intimal flap and double lumen sign in the ACA (figures, C–E), confirming the diagnosis of dissecting aneurysm. Follow-up HRMRI detected the segmental luminal change from dilation to stenosis (figure, F, arrow, 3 months later). The splenium is generally supplied by a branch of the posterior cerebral artery.<sup>1</sup> ACA dissecting aneurysm is a rare etiologic mechanism. HRMRI could help achieve a definite diagnosis of dissection.

### Author contributions

Xianjin Zhu: study concept and design, acquisition of data. Xuebin Zhang, Shuo Lu: acquisition of data, analysis and interpretation of data. Zunjing Liu: study concept and design, critical revision of manuscript for intellectual content.

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