

Teaching NeuroImages: A disintegrating rock

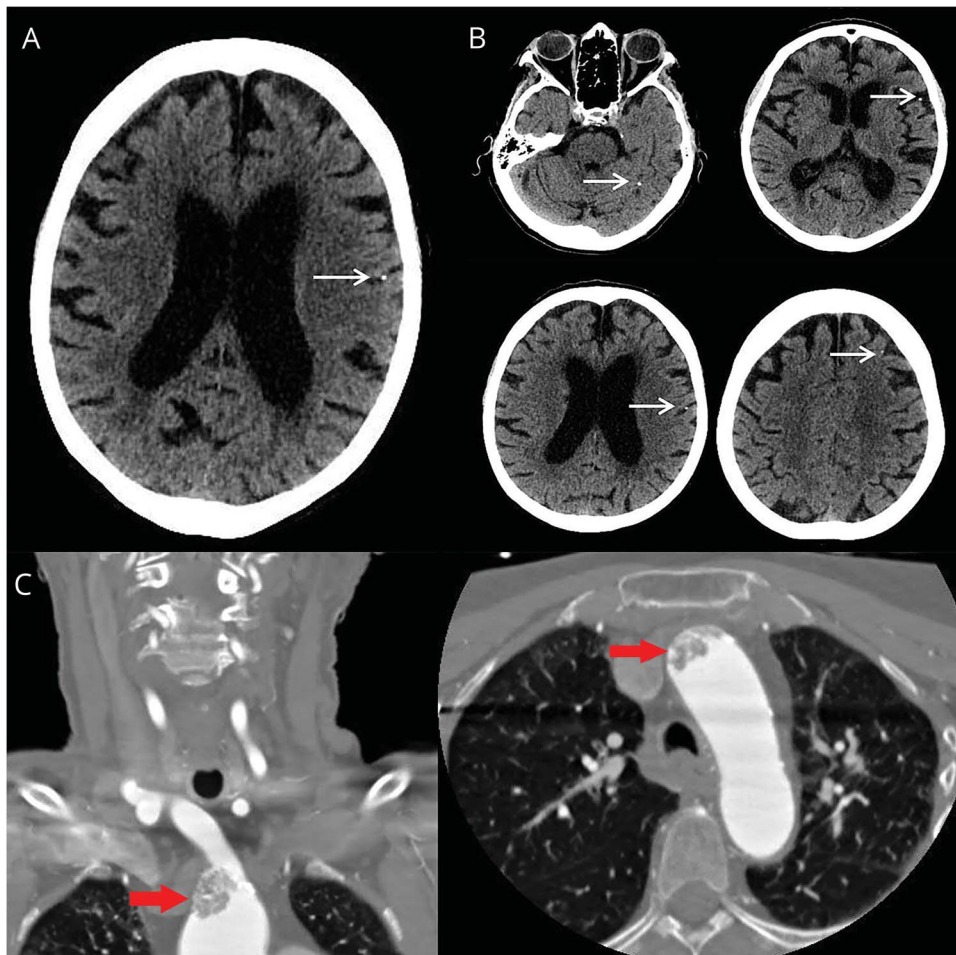
Maximiliano A. Hawkes, MD, and Alejandro A. Rabinstein, MD

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Correspondence

Dr. Hawkes
mhawkes@fleni.org.ar

Figure Brain and vascular imaging



(A) Initial CT scan. Arrow points to a calcific embolus. (B) A repeat CT scan shows multiple calcific emboli (arrows). (C) CT angiogram of the neck. Arrows point to a large atheromatous plaque within the aortic arch extending into the origin of the brachiocephalic artery causing a 40% stenosis.

A 75-year-old woman with a history of hypertension, dyslipidemia, and atrial fibrillation on warfarin presented with sudden-onset confusion. A brain CT was read as normal. The international normalized ratio (INR) was 3.4. She was discharged home after resolution of her symptoms. Two weeks later, she presented with sudden-onset anomia and a right facial droop. The INR was 3.2. A new brain CT revealed multiple calcific emboli (figure, B). A CT angiogram showed a large atheromatous plaque within the aortic arch extending into the origin of the brachiocephalic artery (figure, C). Retrospectively, the initial CT already showed a calcified embolus (figure, A). Calcified cerebral emboli are frequently overlooked.¹ Underlying sources may carry a high risk of recurrent embolism. Their early identification allows appropriate workup and treatment.

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From the Departments of Neurology and Internal Medicine (M.A.H.), FLENI, Buenos Aires, Argentina; and Department of Neurology (A.A.R.), Mayo Clinic, Rochester, MN. Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.

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Appendix Authors

Name	Location	Role	Contribution
Maximiliano A Hawkes, MD	FLENI	Author	Design and drafting of the article, acquisition and interpretation of data.
Alejandro A Rabinstein, MD	Mayo Clinic	Author	Design of the article, acquisition and interpretation of data, revision the article for intellectual content

Reference

1. Walker BS, Shah LM, Osborn AG. Calcified cerebral emboli, a “do not miss” imaging diagnosis: 22 new cases and review of the literature. *AJNR Am J Neuroradiol* 2014;35:1515–1519.

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