# Acute thrombosis on a carotid web associated with an ipsilateral embolic stroke

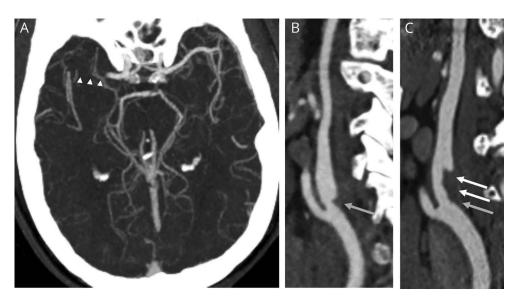
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### Figure CT angiography (CTA)



(A) CTA at presentation demonstrates a right M1 occlusion (arrowheads). (B) Sagittal CTA at presentation demonstrates a shelf-like filling defect along the posterior *internal carotid artery* bulb consistent with a carotid web (gray arrow). (C) A CTA performed 25 hours later shows new thrombus along the web (white arrows).

A 56-year-old man without cardiovascular risk factors presented with an acute right middle cerebral artery stroke (figure, A) treated by IV tissue plasminogen activator and endovascular thrombectomy. CT angiogram (CTA) showed a triangular filling defect along the posteromedial margin of the proximal right *internal carotid artery* (ICA) consistent with a carotid web (CaW), without atherosclerosis (figure, B). Follow-up CTA within 2 days revealed evolving in situ thrombus overlying the CaW (figure, C), after which anticoagulation was started. A CaW is a shelf-like linear filling defect of the ICA bulb thought to represent an intimal variant of fibromuscular dysplasia. Hypothetically, blood stasis along CaW downstream surface may cause thrombus formation and thromboembolic strokes. <sup>2</sup>

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## **Disclosure**

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# **Appendix** Authors

Name	Location	Contribution
Mohammed Al- Dulaimi, MD	Tufts Medical Center, Boston, MA	Drafted the manuscript
Mohamed Ridha, MD	Tufts Medical Center, Boston, MA	Drafted the manuscript
Juan E. Small, MD	Lahey Hospital and Medical Center, Burlington, MA	Acquisition and analysis of images
Matthew Tilem, MD	Lahey Hospital and Medical Center, Burlington, MA	Provided clinical correlation
Barbara Voetsch, MD, PhD	Lahey Hospital and Medical Center, Burlington, MA	Critical revision for intellectual content

#### Appendix (continued)

Name	Location	Contribution
Johanna Helenius, MD, PhD	Lahey Hospital and Medical Center, Burlington, MA	Study concept, design, and coordination

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