A 50-year-old woman was admitted for a mild left hemispheric stroke with right-sided hemiparesis and motor aphasia. In the previous 3 months, she had suffered from several transient ischemic attacks in all cerebrovascular territories, as revealed by MRI, which was suggestive of recurrent cardiac embolization. Transesophageal echocardiography revealed an atrial septum aneurysm; spiral computed tomography of the neck demonstrated a thrombus adjacent to the wall of the left common carotid artery (CCA), close to a large thyroid nodule (Figure 1). Ultrasound examination demonstrated a 4×6×2 cm thrombus, with the distal end floating freely in the blood stream (Figures 2 and 3; movie sequences of this finding are available on http://circ.ahajournals.org). Because of this finding, immediate carotid thromboendarterectomy to prevent thrombus fragmentation with subsequent embolization and major left hemispheric stroke was performed. Histological examination of the resected specimen revealed degenerative changes and mild inflammation of the intima. The patient recovered well from the stroke and the surgery.

Figure 1. Spiral computed tomography scan of the neck. Arrow points at thrombus adjacent to medial vessel on left CCA. 1 indicates jugular vein; 2, enlarged goiter.

Figure 2. Ultrasound B-mode image of CCA (axial scan). Image plane is within free-floating portion of thrombus.

Figure 3. Ultrasound B-mode image of CCA (longitudinal scan). Arrow marks fragile thrombus cleft.
Ultrasound Finding of a Mobile Atheroma in the Common Carotid Artery
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Circulation. 2000;102:e105
doi: 10.1161/01.CIR.102.15.e105

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