A 64-year-old man was admitted to the stroke unit after brief episodes of clumsiness and numbness of the left hand. Neurological examination disclosed a left hemisensory syndrome. Brain MRI revealed a subacute ischemic infarction in the right frontoparietal region. Extracranial ultrasound showed a nonstenotic, heterogeneous atheromatous plaque with interrupted fibrous cap (hyperdense cover) at the origin of the right internal carotid artery (ICA; Figure 1 and Movie I). The patient was discharged on anticoagulant treatment, but he was readmitted 20 days later for recurrence of brief, transitory left sensory symptoms. Extracranial ultrasound revealed an isoechoic pulsating mass attached to the known plaque in the right ICA (Figures 2 and 3 and Movies II and III), suggesting a floating thrombus. This was confirmed by magnetic resonance angiography. The patient underwent emergency thrombendarterectomy; a fresh thrombus complicating the above-mentioned plaque and suboccluding the right ICA was removed. Clinical evolution was favorable.
Figure 3. Color duplex flow imaging of right external carotid artery (arrow) and ICA (arrowhead) (transversal section). Image plane is within free-floating portion of thrombus in the ICA.
Thrombus in the Internal Carotid Artery Complicating an "Unstable" Atheromatous Plaque
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