A 65-year-old man with a history of smoking, hypertension, and diabetes mellitus presented because of sudden-onset left hemiparesis. On admission, neurological examination disclosed a mild left-sided weakness, a normal consciousness level, and a right carotid bruit. The blood pressure, ECG, echocardiogram, and laboratory studies were all unremarkable. He was taking daily aspirin, enalapril, and metformin. Magnetic resonance imaging of the brain revealed a right small cerebral infarct.

Intracranial stenotic lesion was not detected by magnetic resonance angiography. Carotid ultrasonography showed a large heterogeneous plaque with ulceration (arrow) and stenosis of 70% at the bifurcation of the right common carotid artery (Figure 1). The symptoms and signs improved gradually during a period of 4 days.

Six weeks after the stroke, the patient underwent elective right carotid endarterectomy, and the arteriotomy was closed with a Dacron patch (Figure 2).

No neurological deficits or cranial nerve palsy were noted postoperatively. The patient was discharged, and 11 months after the operation no new neurological events have occurred.

Disclosures
None.

References

Figure 1. Ultrasound B-mode image (left) and power Duplex image (right) showing a large heterogeneous plaque with ulceration (arrow) and stenosis of 70% at the bifurcation of the right common carotid artery.
Figure 2. Elective right carotid endarterectomy and closed arteriotomy with a Dacron patch.
Symptomatic Ulcerative Carotid Plaque
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