Multifocal angiopathy associated with cannabis consumption is an uncommon cause of ischemic stroke in young individuals.1–3 The main radiological characteristics include the presence of multifocal intracranial stenosis and the reversibility of vasoconstriction after cannabis withdrawal.1–3 Cannabis use has been linked recently to other arterial complications, including myocardial infarction (strong temporal link between the occurrence of myocardial infarction and cannabis consumption) and lower limb arteritis with distal arterial occlusions.4

We describe the neuroimaging findings of a 42-year-old man with a >20-year history of daily cannabis consumption who presented with crescendo transient ischemic attacks manifesting with acute (<48 hours), transient (n=5) episodes of right hemiparesis. The patient was not using other illicit drugs or medications. He reported no history of smoking or excessive alcohol consumption. He did not have a family history of stroke or angiopathy. His blood pressure levels at the emergency department were elevated (168/95 mm Hg). Brain MRI showed a left putaminal infarction. Brain magnetic resonance angiography and transcranial color-coded duplex sonography disclosed multifocal intracranial stenosis (Figure, A and B) affecting bilateral middle and left posterior cerebral arteries. Diagnostic work-up disclosed no other vascular risk factors such as hypercholesterolemia, paroxysmal atrial fibrillation, coagulation disorders, and autoimmune diseases. After 4 days of hospitalization, the patient was given antiplatelets (aspirin 100 mg) and discharged with strict orders to discontinue cannabis consumption. The patient experienced no symptoms after abrupt cannabis discontinuation, and follow-up neuroimaging at 3 months showed complete reversibility of multifocal intracranial stenosis (Figure, C and D). The patient remains free of recurrent cerebrovascular events at 8 months after his hospital admission.

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Disclosures
None.

References
Figure. Neuroimaging findings in cannabis-associated angiopathy. Magnetic resonance angiography (MRA) discloses multifocal intracranial stenosis (MIS; blue arrows) affecting bilateral middle and left posterior cerebral arteries (AI and AII, respectively). Transcranial color coded–duplex sonography (TCCD; B) depicts color aliasing in left proximal (M1) segment of middle cerebral artery (MCA) coupled with elevated peak systolic (227 cm/sec) and end-diastolic (105 cm/sec) velocities. Follow-up MRA at 3 months after abrupt cannabis discontinuation shows complete MIS reversibility (C). Follow-up TCCD documents reversal of color-aliasing and normalization of flow velocities in left proximal middle cerebral artery (M1MCA) (110 cm/sec and 52 cm/sec; DII) and left posterior cerebral artery (DII).
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