Aortogenic Left Middle Cerebral Artery Ischemic Stroke

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Figure 1. Diffusion weighted (A) and corresponding apparent diffusion coefficient (B) magnetic resonance images of the brain demonstrating acute left hemispheric infarcts and thoracic computed tomography angiogram (C, coronal and D, axial) demonstrating intraluminal thrombus in ascending aorta.

Case Summary

A 54-year-old right-handed South-Asian male with a history of smoking presented with acute onset of right hemiparesis and expressive aphasia (National Institute of Health Stroke Scale = 13). Magnetic resonance imaging of the brain confirmed acute infarcts in the left hemisphere (Figure 1A and B) and computed tomography angiography of the head/neck revealed left middle cerebral artery branch occlusion. An intraluminal thrombus was also seen in the ascending aorta (Figure 1C and D). Further evaluation with transesophageal

echocardiogram confirmed a large mobile echogenic mass in the ascending aorta. Electrocardiogram showed normal sinus rhythm and no coagulopathy was detected. Preoperatively, he was started on a heparin drip and had subsequent repair of the ascending aorta and arch with resection of the atheromatous plaque.^{1,2} The patient had a good clinical recovery.

Large vessel ischemic strokes of cardioembolic origin are common in clinical practice.^{1,2} There remains, however, few reported cases of aortogenic mobile thrombus resulting in distal embolic phenomena.

Declaration of Conflicting Interests

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