IMAGEM EM NEUROLOGIA/IMAGE IN NEUROLOGY

Rare Presentation of Spontaneous Carotid Artery Dissection

Apresentação Rara de Disseção Carotídea Espontânea

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Villaret syndrome is a rare clinical entity defined by palsy of the IX, X, XI and XII cranial nerves and ipsilateral Horner syndrome.[1] This syndrome should raise the suspicion of a structural lesion in the retropharyngeal space.[2]

A 37-year-old obese male with previous history of hypertension presented at the emergency department with headache. The patient denied suffering trauma or recent cervical manipulation. Hypertensive crisis and hypokalemia were diagnosed and he was discharged. On the following day he noticed dysarthria, tongue deviation to the left, dysguesia and dysphagia.

Neurological examination one month later showed: left miosis and ptosis; decreased pharyngeal reflex, asymmetrical elevation of the palate with deviation of the uvula; atrophy of the left sternocleidomastoid and trapezius without paresis; left deviation of the tongue with atrophy and discrete fasciculations of the left outer border.

These findings were compatible with palsy of the IX, X, XI and XII left cranial nerves and ipsilateral Horner syndrome (Villaret syndrome).

Brain and cervical magnetic resonance angiography (MRA) revealed dissection of the left internal carotid artery (ICA) at the carotid bulb level, with carotid stenosis, without associated ischemic lesion. He was medicated with acetylsalicylic acid and discharged without other neurological signs.

Spontaneous carotid artery dissection can present as different cranial nerve palsies without ischemic brain lesion and should be considered in the differential diagnosis of Villaret

Figure 1. Deviation of the tongue to the left.

Figure 2. Wasting of the left trapezius muscle.

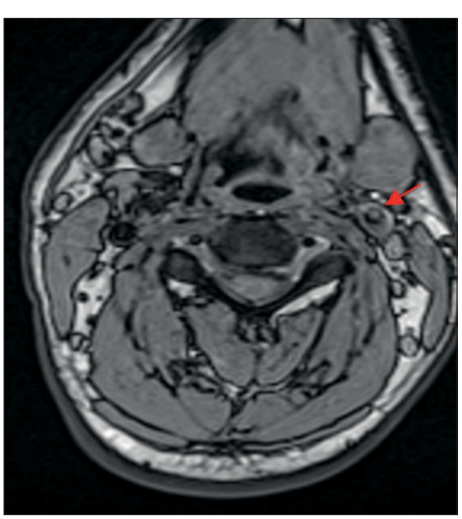

Figure 3. A Fat saturated T1 axial shows that flow void of the left internal carotid artery is narrowed by intramural hematoma (arrow).

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Figure 4. Brain MRA shows asymmetry between right and left internal carotid artery which is narrowed (arrow).

syndrome. The presence of Horner syndrome is associated with a more benign clinical course after carotid artery dissection. ■

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