

Disección de la arteria carótida interna con parálisis del nervio Hipogloso

Internal carotid artery dissection with Hypoglossal nerve palsy

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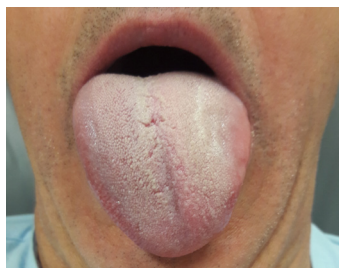


Figure 1

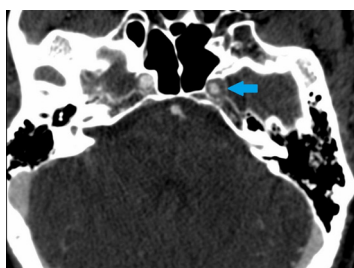


Figure 2

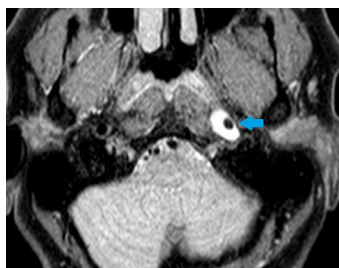


Figure 3



Figure 4

A 52-year-old man with previous medical history of arterial hypertension was admitted with a 5-day-history of sudden, pulsatile, left hemi-cranial headache and left cervical pain, followed by discrete dysarthria 3 days after onset. Six days before admission, the patient lifted heavy objects. On physical examination, it was relevant left tongue deviation on protrusion (Figure 1) with ipsilateral weakness. The analytical study and cranial computed tomography (CT) was normal. It was performed an angio CT and a magnetic resonance that confirm the presence of left internal carotid artery dissection from the carotid bulb to the base of the skull (Figures 2-4). The patient started with aspirin 100 mg/day, a statin, adjusted antihypertensive therapy and rehabilitation therapy. Follow up Doppler at 6 months revealed total recanalization.

Carotid artery dissection causes cranial nerve palsies in 12% of patients. Lower cranial nerves can be affected, but isolated hypoglossal nerve palsy is rare¹. The most common clinical manifestations are unilateral headache, cervical pain and ischemic signals accompanied by a partial Horner's syndrome². Conventional angiography is being replaced by magnetic resonance as the gold standard in the diagnosis of this entity². Regarding the treatment, there is no evidence of superiority of anticoagulation over antiplatelet therapy in prevention of stroke after carotid artery dissection³. About 90% of stenosis resolves and

the most of occlusions are recanalized². The mortality is less than 5% and 75% of the patients make a good functional recovery². Besides the good prognosis, the clinical suspicion is important, improving the proper treatment and prognosis.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

SOURCE OF FUNDING

This research had no funding sources.

ETHICAL ASPECTS

All participants submitted a consent form to be included in this study.

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