Hyperdense Basilar Artery- Early Sign of Stroke

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Abstract

Basilar artery occlusion is a subset of posterior circulation strokes. Particular issues relevant to basilar artery occlusion include variable and stuttering symptoms at the onset resulting in delay in diagnosis, uncertain best management and thus high morbidity and mortality. Despite better imaging techniques, diagnosis and therefore treatment is often delayed. One of the earliest signs of acute ischemia though with relatively poor sensitivity is hyperdense basilar artery sign which represents the presence of intraluminal thrombus which is a surrogate of arterial obstruction.

Case Summary

We present a case of 30 year old female with no previous comorbidities who presented to emergency department with sudden onset left sided focal seizure, central vertigo, diplopia and decreased vision in left eye. Examination revealed ptosis, anisocoria, and left facial nerve palsy. NCCT brain done at presentation looked grossly

unremarkable to emergency physician.

Subsequently during the hospital stay patient developed altered sensorium with weakness of left side of body. After 2 days MRI brain was done which showed acute infarct along left medial thalamus, tegmentum of thalamus, right half of pons. TOF MRA showed non opacification of basilar artery suggestive of basilar artery thrombus with extension of thrombus in to left AICA. No evidence of dissection was seen. Both vertebral arteries were normally opacified.

Retrospective reassessment of NCCT brain, revealed a striking finding that was missed earlier in the form of basilar artery which was hyper dense with mean attenuation of 66 HU. No definite hypo density was appreciated. This was a case of Acute Basilar Artery occlusion causing infarct in the territory supplied by basilar top and its branches. Thus, this radiological sign should carefully be looked for in patients presenting with features of posterior circulation stroke.

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TOF Mr Angio reveals non opacification of basilar artery and left PI segment of posterior cerebral artery suggestive of thrombus