

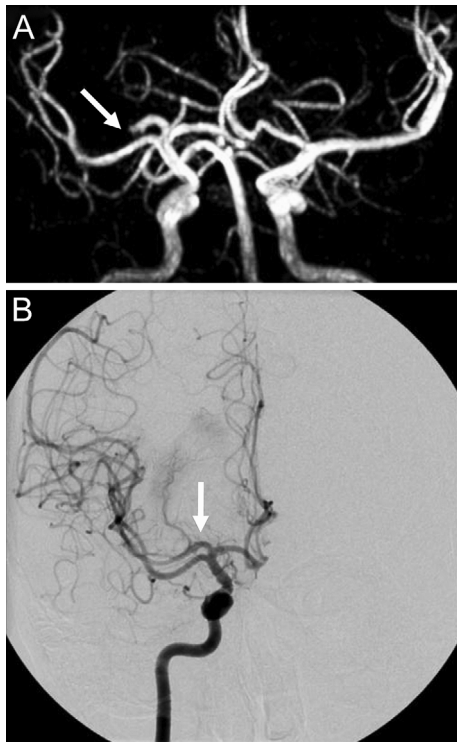
Intravenous t-PA for the Occlusion of an Accessory MCA

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Key words: intravenous tissue plasminogen activator, accessory middle cerebral artery, magnetic resonance angiography, cerebral angiography

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Picture.

A 27-year-old man suddenly developed severe left hemiplegia and dysarthria. Magnetic resonance angiography showed the occlusion of the right accessory middle cerebral artery (MCA) (Picture A). The symptoms fully recovered after the intravenous administration of tissue plasminogen activator (t-PA). Cerebral angiography performed after the treatment revealed recanalization of the artery (Picture B). No

potential causes of ischemic stroke were identified, such as cardiovascular disturbances or coagulation disorders.

An accessory MCA is an anomalous vessel originating from the anterior cerebral artery. The frequency of this anomaly is reported to range from 0.3% to 4.0% (1). Aneurysms are an occasional complication of accessory MCAs (2), but ischemic strokes associated with this type of artery are extremely rare (3, 4). Thrombosis might have been induced by blood turbulence in the proximal portion of the accessory MCA in our patient.

The authors state that they have no Conflict of Interest (COI).

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