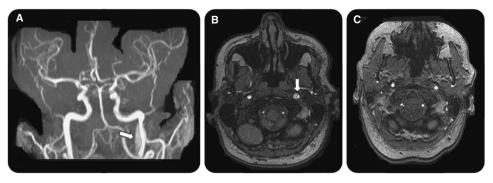
Carotid dissection following a generalized tonic-clonic seizure

Figure Imaging findings in a patient with left internal carotid dissection



Magnetic resonance angiogram (A) and axial postcontrast (B) show dissection in left carotid artery (arrows). (C) Axial postcontrast 1 month later shows recanalization

A 37-year-old woman experienced a generalized tonic-clonic seizure. Subsequent to the seizure, the patient observed left-sided face and neck pain. A left Horner syndrome was noted on examination. An MRI and magnetic resonance angiogram revealed a left skull base carotid artery dissection without infarction (figure, A and B). Previous MRI had shown normal carotid flow voids. The patient was treated conservatively and magnetic resonance angiogram 1 month later revealed recanalization (figure, C).

Carotid artery dissection has an incidence of 1.72 per 100,000.¹ Although carotid artery dissection is reported in association with minor trauma, there are no reports occurring in association with a seizure.²

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- Lee VH, Brown RD, Mandrekar JN, Mokri B. Incidence and outcome of cervical artery dissection: a population-based study. Neurology 2006;67:1809–1812.
- 2. Debette S, Leys D. Cervical-artery dissections: predisposing factors, diagnosis, and outcome. Lancet Neurol 2009;8:668-678.