LETTER TO EDITOR

DEMONSTRATION OF VOCAL CORD PARALYSIS IN CT ANGIOGRAPHY SOURCE IMAGES IN A PATIENT WITH WALLENBERG’S SYNDROME: A CASE VIGNETTE

WALLENBERG SENDROMUNDA CT ANJİOGRAFİ KAYNAK GÖRÜNİTLERDE VOKAL KORD PARALİZİNİN DEMONSTRASYONU: BİR OLGU RESMİ

Mehmet Aki̇f TOPÇUOĞLU*, Ethem Murat ARSAVA*, Kader KARLĪ OGUZ**

*Hacettepe University Faculty of Medicine Department of Neurology, ANKARA
**Hacettepe University Faculty of Medicine Department of Radiology, ANKARA

Dear editor,

A 49-year-old woman presented with sudden onset of dizziness, facial and intraoral numbness, hoarseness and dysphagia while having a hair wash. Neurological examination revealed right-sided facial hypoalgesia and thermohypoesthesia, Horner’s syndrome, pharyngeal and palatal paresis, slightly depressed gag reflex and dysarthria along with right-sided appendicular ataxia and left upper extremity hypesthesia.

Brain magnetic resonance (MR) imaging demonstrated acute infarction encompassing the posterolateral part of caudal medulla oblongata on the right side (Figure a-c). Computer tomography angiography (CTA) demonstrated double lumen appearance together with superimposed thrombus in distal V2 segment of right vertebral artery suggestive of acute dissection (Figure d-f). In addition, depression of right palatal arch, dilatation of pyriform sinus and medial positioning of true vocal cord consistent with homolateral vocal cord paralysis was noted on CTA source images (Figure e,f).

This case vignette highlights that CTA source images are not only useful for showing vascular pathologies, but also for documenting clinical findings associated with Wallenberg’s syndrome (1).

REFERENCE


Figure: Diffusion weighted images (a), apparent diffusion coefficient maps (b) and T2-weighted images (c) show acute infarction of posterolateral medulla infarction on the right side. CTA source images show double lumen appearance with superimposed thrombus in the right vertebral artery (black arrow, d,e) along with medialization of right true vocal cord (white arrow, e,f).