IMAGES IN OTORHINOLARYNGOLOGY

Traumatic Internal Carotid Artery Pseudoaneurysm. A Rare Cause of Cranial Nerve Palsy

Seudoaneurisma traumático de la arteria carótida interna. Una causa rara de parálisis de pares craneales

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We present the case of a 29-year-old male with cranioencephalic trauma that required orotracheal intubation. After extubation he presented dysphonia and dysphagia. Neurological examination showed deviation of the tongue to the right, soft palate asymmetry, the absence of the nausea reflex and paralysis of the right vocal cord (Fig. 1). At 24h ptosis, myosis and right enophthalmos appeared. Carotid echo-Doppler was normal and cranial CT showed soft tissue asymmetry at the level of the rear foramen lacerum. MR angiography confirmed the present of a pseudo-aneurism in the right ICA measuring 2 mm × 1 mm × 1.9 mm and detected a dissection in the left ICA (Fig. 2). It was decided to

Figure 1

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perform an angioplasty with insertion of a stent in the right ICA, treat with Clopidogrel and Aspirin during 1 month, followed by monotherapy with Aspirin. After 1 year, the patient is now clinically asymptomatic. Examination reveals a symmetric palate, although slight atrophy is noticeable in the right half of the tongue. Laryngoscopy shows paresis of the right vocal cord in compensation phase (Fig. 3).

Dissection of the ICA is rare and it is usually associated with trauma or alteration of collagen. It causes stenosis, thromboembolism and, in some cases, the formation of a pseudoaneurism. The symptoms are characterised by cephalgia, transitory ischemia attack, Horner’s syndrome, cervical pain, paralysis of the lower cranial nerves (in 12% of cases), etc. CT- or MR-angiography is the methods of diagnosis. Treatment is based on anti-aggregation with or without prior endovascular surgery.