

Apparent Atraumatic Vertebral Artery Occlusion in a Young Woman: A Case of Possible Spontaneous Dissection

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Vertebral artery (VA) occlusion is a serious and potentially life-threatening occurrence, causing transient or permanent neurological deficits. In young individuals, it presents a diagnostic challenge, particularly in the absence of trauma or traditional vascular risk factors.

Case History

A 26 years old Cuban woman presented to the Emergency Department with gait instability and alternated mental status without apparent recent trauma. She has no significant past medical history. The neurological examination was unremarkable except for psychomotor slowing, confusion and gait instability. Drug abuse initially was suspected; however, to screening yielded negative results. CT angiography revealed a complete occlusion of the right vertebral artery.

Discussion

We reported an apparent atraumatic vertebral artery occlusion or dissection. Vertebral artery stenosis or occlusion due to

physiological rotation is a rare entity. It is imperative that patients presenting with symptoms of VBI, especially younger patients with no risk factors for stroke, be questioned on the association with head position. Most vertebral artery injuries are asymptomatic because of collateral blood flow through the contralateral vertebral artery. Yet, an injured vertebral artery is a potential source for thrombus propagation, embolization, or hemodynamic compromise with resultant neurologic injury.

References

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