

Clinical-Medical Image

Mega-Dolicho Vertebrobasilar System: An Unusual Cause of Cranial Pair Damage

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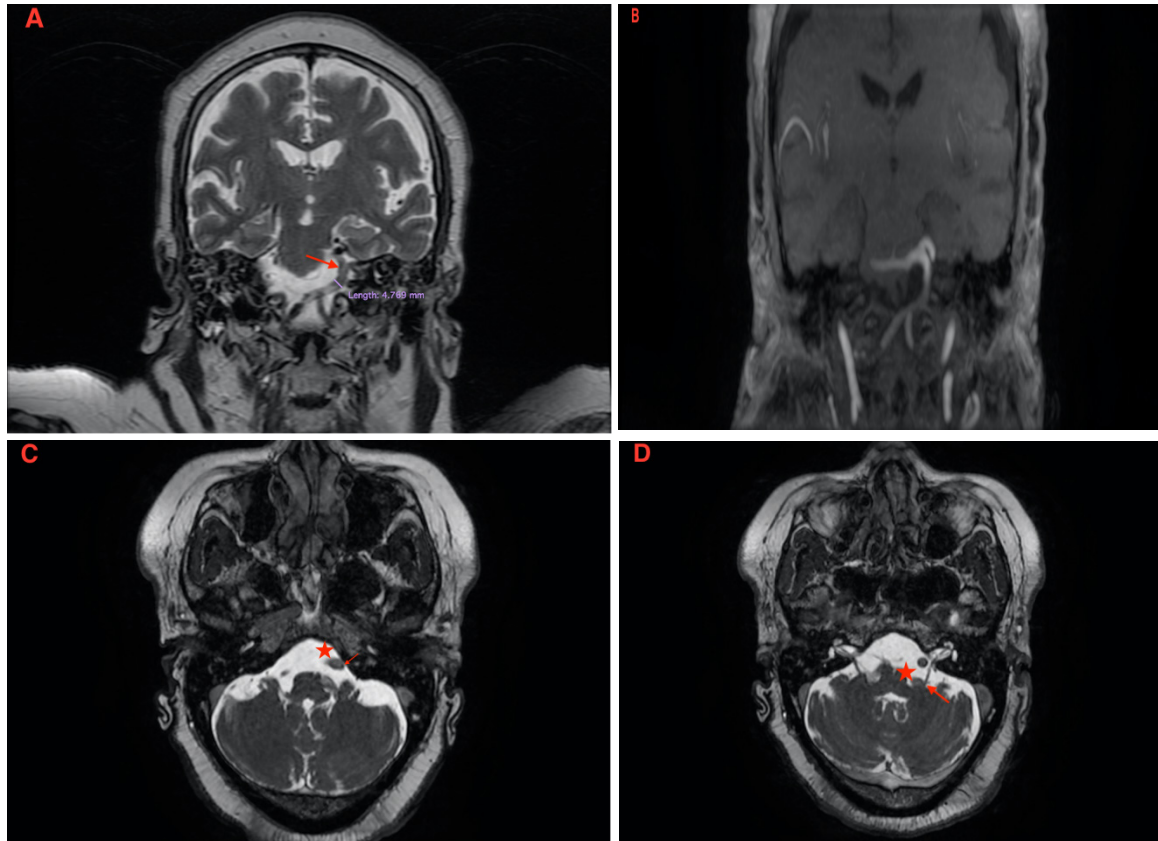


Figure 1: (A) Coronal T2 FSE. (B) 3D TOF: Tortuous, elongated and ectatic appearance of the basilar trunk (4.7 mm). (C) 3D fiesta centered on the internal auditory canal: Important mass effect of the basilar trunk (star) on the left trigeminal nerve V (arrow) which is small and pushed out. (D) 3D fiesta centered on the IAC: Intimate contact of the basilar trunk (star) with the left acoustico-facial bundle at its emergence (arrow).

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Abstract

Intracranial arterial dolichoectasia is a dilatative arteriopathy involving the vertebro-basilar arteries in 80% of cases, referred to as megadolicho-basilar anomaly. It is usually asymptomatic. It may present with compressive or ischemic symptoms.

Cerebral magnetic resonance imaging is the gold standard for diagnosis.

We report the case of a 44-year-old woman with no notable pathological history, suffering from vertigo and tinnitus on the left side for 2 months, rebellious to symptomatic treatments, the aftermath was marked by the installation of a left facial paralysis. A cerebral MRI was requested,

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showing a mega-dolicho vertebrobasilar system, responsible for a compression of the cranial pairs. Intracranial arterial dolichoectasia is a dilatative arteriopathy involving the vertebro-basilar arteries in 80% of cases, referred to as megadolicho-basilar anomaly [1]. It is a condition in which the vertebral/basilar artery (VBA) is elongated, distended and tortuous [2]. Its prevalence is 4.4% and it is more frequently seen in women. Its clinical presentation is broad and the prognosis is generally poor with a high mortality rate [3]. It is usually asymptomatic. It may present with compressive or ischemic symptoms [2]. The main location of AVB is the basilar artery alone (40%), followed by bilateral vertebral arteries, the basilar artery (22%) and both vertebral arteries (16%) [1]. Cerebral magnetic resonance imaging is the gold standard for diagnosis [3]. The diagnostic criteria for AVB are a basilar or vertebral artery diameter >4.5 mm or a deviation of any portion of these arteries greater than 10 mm from the shortest expected path, or a basilar artery length >29.5 mm or an intracranial vertebral artery length >23.5 mm [1].

Keywords: Facial paralysis; Vertigo; Cerebral magnetic resonance imaging; Vertebro-basilar dolichoectasia

Conflict of Interest

The authors are contributed equally and declare no competing interest.

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