

Imagens em NEUROLOGIA

Carotid Diaphragm: Clinical and Diagnostic Implications*Diafragma Carotídeo: Implicações Clínicas e Diagnósticas*Marília Sandri¹, Luciana Estacia Ambros²

Figure. Radiographic appearances of carotid diaphragm. The characteristic intraluminal filling defect arising from the posterior wall of the left carotid bulb seen on CT angiography in oblique plane (A, arrow) and in three-dimensional reconstruction (B). Angiography image demonstrate a filling defect in the posterior wall of the same carotid bulb (C, arrow). The venous phase image shows continued contrast pooling in the distal part of the carotid diaphragm (D, arrow).

Carotid Diaphragm, also known as carotid web, is a rare and underrecognized high-risk factor for ischemic stroke of undetermined etiology¹. This pathology is caused by a variant of intimal fibromuscular dysplasia, characterized by an endoluminal fibrous intimal flap projecting from the posterior wall of the internal carotid artery bulb into the arterial lumen that generates flow stagnation and, consequently, thromboembolic events^{2,3}.

The most salient clinical manifestation of carotid diaphragm is ischemic stroke, particularly in younger patients without other vascular comorbidities². Current management guidelines include either medical treatment as antiplatelet therapy or anticoagulation or interventional treatment⁴.

This case demonstrates a 62-year-old woman undergoing investigation for ischemic stroke. The angiotomographic study revealed a localized membrane-filling defect arising from the posterior wall of the left carotid bulb (Figure A and B). In addition, angiography

was performed, identifying the filling defect along the carotid artery wall. (Figure C). During the late venous phase, contrast agent retention was observed at the distal end of the carotid diaphragm (Figure D). Anticoagulation treatment was prescribed and the patient remains under outpatient follow-up.

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