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Complete Recovery from Collet-Sicard Syndrome Caused by Carotid Artery Dissection with Pseudoaneurysm: Diagnosis and Follow-up with Cervical Duplex Ultrasound

Jorūnė Emilija Valaikaitė[1], Jurgita Valaikienė[2]

[1] Institute of Odontology, Faculty of Medicine, Vilnius University, Vilnius, Lithuania
[2] Clinic of Neurology and Neurosurgery, Institute of Clinical Medicine, Faculty of Medicine, Vilnius University, Vilnius, Lithuania

Introduction. Collet-Sicard syndrome is caused by damage to the four lower cranial nerves (IX-XII). Carotid artery dissection with pseudoaneurysm is one of its rarest manifestations.

Methods and results. A 33-year-old previously healthy male presented with acute numbness of the tongue, palate, and a headache. Blood pressure was 145/95 mmHg, heart rate 68 beats/min. Arterial hypertension was diagnosed. After the correction of blood pressure, the patient discharged. On the next day, he was admitted due to a severe headache, speech and swallowing disorder. Neurological examination revealed left-sided hypesthesia in the tongue, its deviation to the left, absence of posterior pharyngeal reflex, dysarthria, dysphonia, dysphagia. Urgent head CT was without acute changes, however, CT angiography revealed left distal cervical ICA dissection with 70% stenosis. The patient was hospitalized and treatment with anticoagulants initiated. Cervical duplex ultrasound (CDU) showed mural hematoma of ICA and moderate stenosis. The patient was discharged on aspirin. After 10 days left neck pain occurred, neurologically left-sided tongue and shoulder atrophy was detected. CDU revealed left distal ICA high-grade stenosis with pseudoaneurysm, confirmed by MR angiography. It was decided to withheld from interventional treatment due to a high risk of complications. Compression neuropathy of the IX-XII nerves was treated with acetylsalicylic acid. Neurological symptoms regressed within 3 months. Follow-up by CDU showed ICA regression after 9 months, ultrasound data were confirmed by MR angiography.

Conclusions. Collet-Sicard syndrome, caused by trauma-related ICA dissection with pseudoaneurysm may be successfully treated with medications. Follow-up with CDU is highly recommended.