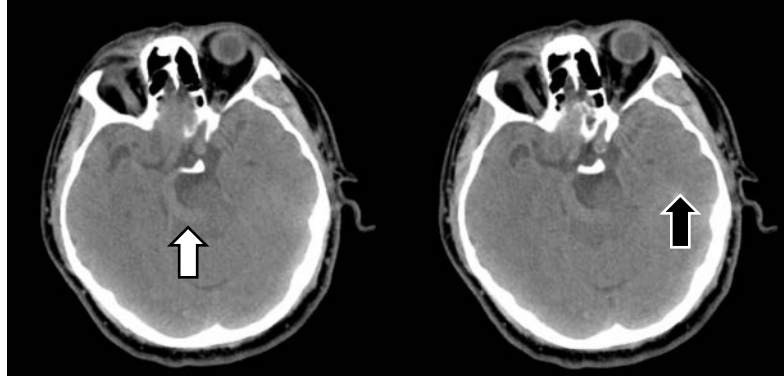


## A Rare Diagnosis in Emergency Department - Dolichoectasia

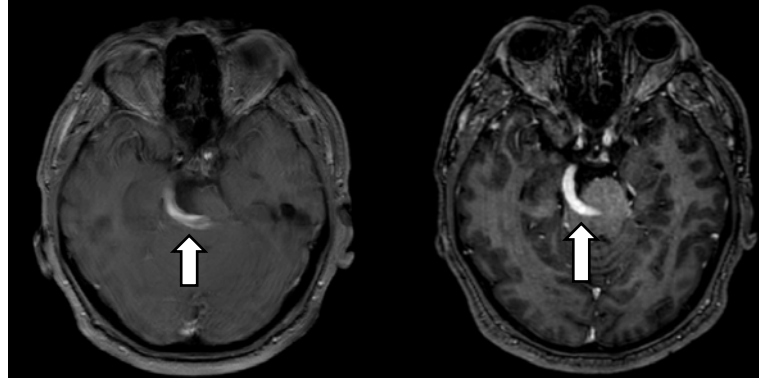
Acil Serviste Nadir Bir Tanı - Dolikeektazi

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**Figure 1:** White arrow shows dolichoectatic appearance in left vertebral artery V4 segment. Black arrow shows areas evaluated in favor of hyperdense calcification were observed in the subcortical area.



**Figure 2:** White arrows show dolichoectasis in the bilateral ICA supracavernous segments and in the left vertebral artery V4 segment.

The patient was admitted to the emergency department with dizziness, nausea and vomiting. No acute pathology was observed in the laboratory tests. The imaging was consulted with neurology. After clinical follow-up, the patient was discharged with the suggestion of neurology outpatient clinic with contrast-enhanced cranial magnetic resonance imaging (MRI). Cranial computed tomography (CT) (Somatom definition AS Plus, Siemens; Erlangen, Germany) and cranial MRI were performed. Cranial CT showed dolichoectatic appearance in bilateral internal carotid arteries (ICA) supracavernous segments and left

vertebral artery V4 segment. In the bilateral cerebral hemispheres, areas evaluated in favor of hyperdense calcification were observed in the subchorical area. The cranial MRI report shows dolichoectasis in the bilateral ICA supracavernous segments and in the left vertebral artery V4 segment.

Dolichoectasia is defined as the enlargement, flexion and elongation of the arteries, due to the deterioration of the tunica intima and occasional concomitant tunica media layers. It frequently affects intracranial, vertebrobasillary and carotid arteries, and bilateral carotid arteries involvement is rare.

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