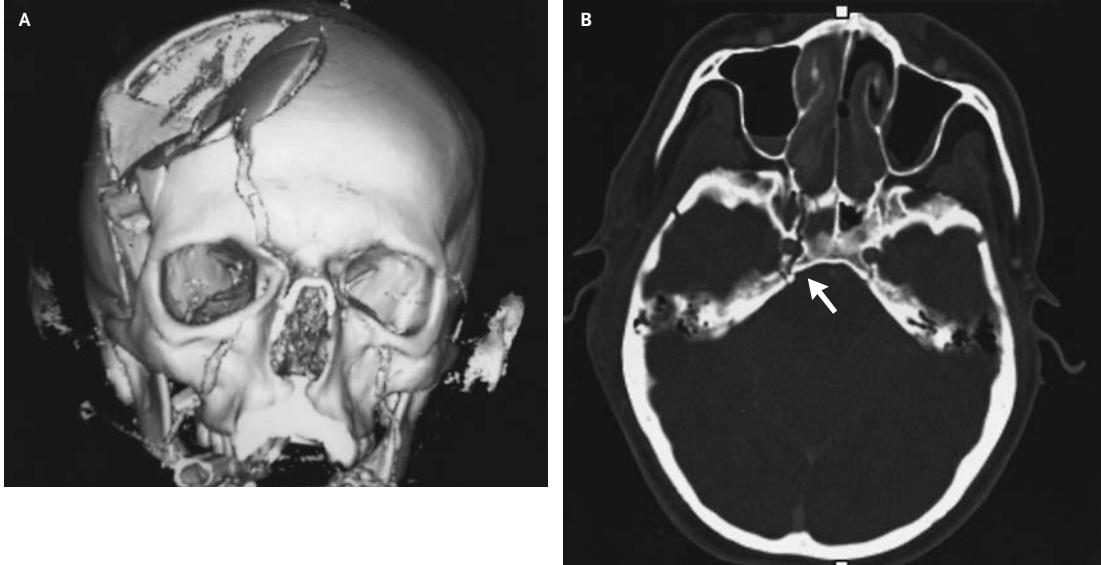


IMAGES IN CLINICAL MEDICINE

Carotid-Artery Thrombosis Secondary
to Basal Skull Fracture

A 17-YEAR-OLD BOY DOVE TO CATCH A CRICKET BALL AND STRUCK HIS HEAD on a teammate's knee. On initial assessment, the score on the Glasgow Coma Scale was 7 and a left hemiplegia was evident. The patient's right pupil was widely dilated and unresponsive to light. A depressed fracture with extension through the skull base was apparent on a reconstructed computed tomographic scan (Panel A). The patient underwent emergency craniectomy. Despite a ventriculostomy and maximal medical therapy for intracranial hypertension, the intracranial pressure remained refractory, and the patient died four days later. This death was the consequence of relatively minor trauma incurred in a noncontact sport. Involvement of the carotid canal by the fracture (Panel B, arrow) resulted in thrombosis of the right internal carotid artery, which was confirmed on postmortem examination. The thrombosis, in turn, resulted in hemispheric infarction and intractable intracranial hypertension, which was probably the proximate cause of death.

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