
The following is in response:

To the Editor:

We thank Doctors Watson and Dietrich for their letter. They have made several useful points, which may further assist in understanding the disparity between animal stroke models and the human situation.

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Gonadotrophins, Livedo Reticularis, and Strokes

To the Editor:

Sneddon’s syndrome is an entity characterized by idiopathic livedo reticularis and recurrent strokes. Its pathogenesis is unknown, and the part played by antiphospholipid antibodies remains controversial.1 Recently, Rautenberg and coworkers2 reported 16 patients (15 female) with Sneddon’s syndrome, all of them with negative tests for anticardiolipin antibodies. Bruyn et al.,3 reviewing the literature, found that many patients were cigarette smokers, oral contraceptive users, or both. Thus, it is likely that multiple factors interact, at least in some cases, to produce this peculiar dermal and cerebral vasculopathy. We wish to report the case of a woman with Sneddon’s syndrome whose first stroke was probably triggered by gonadotrophin therapy.

This 27-year-old patient had a past history of migraine and heavy tobacco use. Livedo reticularis over all four limbs and Raynaud’s phenomenon were present since puberty. Anovulation was the cause of infertility and a first course of gonadotrophins was administered in November 1980. The patient received 21 intramuscular injections of infertility and a first course of gonadotrophins was administered in November 1980. The patient received 21 intramuscular injections of

References

Imaging Techniques in Suspected Internal Carotid Artery Dissection

To the Editor:

The case report by Panisset and Eidelman brought my attention to a consequence of internal carotid artery dissection that I have not previously encountered in my practice, namely, multiple lower cranial nerve pareses. While I appreciate their enlightening me on that process, I must object to the interpretations of normal computed tomography (CT) scans in two of the patients.

Figure 5 demonstrates the bull’s-eye sign of the narrowed, enhancing true lumen surrounded by hypodense intramural hematoma. It stands out as a virtual negative in contrast to the magnetic resonance image shown on the opposite page.

Figure 1 demonstrates a round, probably vascular structure just medial to the right styloid process, which is in the expected location of the right internal carotid artery, but larger than would be expected. The left internal carotid artery is visible on the opposite side and normal in size. Contrast-enhancement effect seems somewhat suboptimal and certainly insufficient to distinguish enhancing true lumen from intramural hematoma. Nevertheless, the dilated structure in the expected position of the internal carotid artery is highly suspicious for carotid dissection.

A diagnosis of internal carotid artery dissection can be made on CT, and we have done so multiple times in the past. We are constantly vigilant to examine the cervical internal carotid artery in...
Gonadotrophins, livedo reticularis, and strokes.
E Ellie, G Le Masson, J Julien, I Parneix, P Royer and C Beylot

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