

Abstract

Vertebral artery dissection can presents with lateral medullary infarction, posterior circulation stroke syndrome, transient ischemic attacks, head and neck pain and vertigo. Vertebral artery dissection is one of the cause for young stroke, but the incidence of vertebral artery dissection is very rare.

A 55 year old known hypertensive patient presented with right arm weakness, neck pain, left sided congruous incomplete homonymous hemianopia and right vertebral bruit. NCCT brain showed right occipital lobe infarction and duplex scan showed reduced blood flow in right vertebral artery. CT angiogram showed filling defect from V2 segment to mid part of the basilar artery and vertebral artery dissection was diagnosed. He was managed with antiplatelet therapy.

As vertebral artery dissection is rare, it can be missed easily. High index of suspicion is needed to diagnose it.