

# Intracranial plaque regression after intensive medical treatments: a high-resolution MRI observation

Wei-Hai Xu<sup>1</sup>, Ming-Li Li<sup>2</sup>, Shan Gao<sup>1</sup>

<sup>1</sup>Department of Neurology, <sup>2</sup>Department of Radiology, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences, Beijing 100730, China

Correspondence to: Dr. Wei-Hai Xu, MD. Department of Neurology, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences, Shuaifuyuan 1, Dongcheng District, Beijing 100730, China. Email: xuwh@pumch.cn.

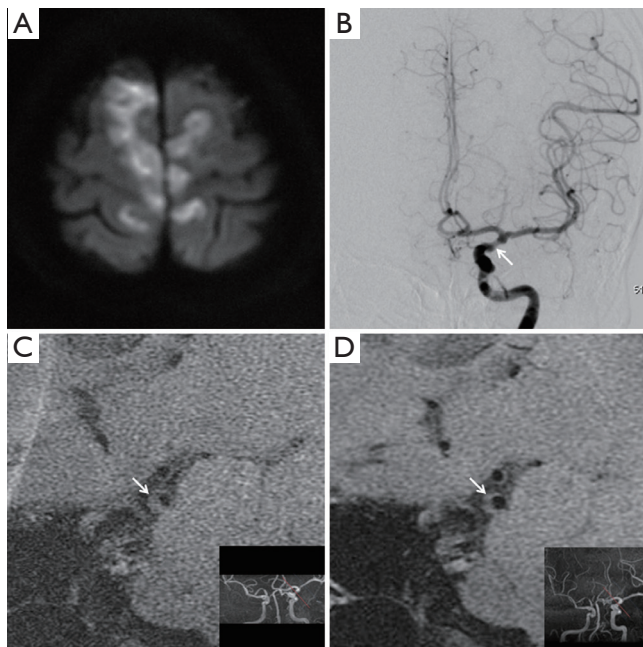
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A 54-year-old female had bilateral infarcts in a parasagittal distribution (Figure 1A). Digital subtraction angiography showed a low-grade stenosis at the terminal segment of left internal carotid artery (ICA), with a plaque on high-resolution magnetic resonance imaging (HR-MRI) (Figure 1B,C). Clopidogrel 75 mg/day, atorvastatin 60 mg/day, and

amlodipine 5 mg/day were prescribed. Eighty days after the treatments, ICA plaque regression was observed on repeated HR-MRI (Figure 1D). There was no stroke recurrence. Our case suggests HR-MRI has made it possible to quantify intracranial plaque burden and evaluate its progression (1). Intensive medical treatments may play a role in reversing intracranial atherosclerosis, like they do in extracranial atherosclerosis (2).



**Figure 1** Diffusion weighted imaging (A) and angiography (B) showed ischemic infarcts due to left internal carotid artery stenosis with an azygous anterior cerebral artery. On T1-weighted images of high-resolution MRI, a plaque (arrow, C) was identified, which was retracted (arrow, D; maximum plaque area from 0.15 to 0.10 cm<sup>2</sup>) after treatments.

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