

# Cameraman's Foot

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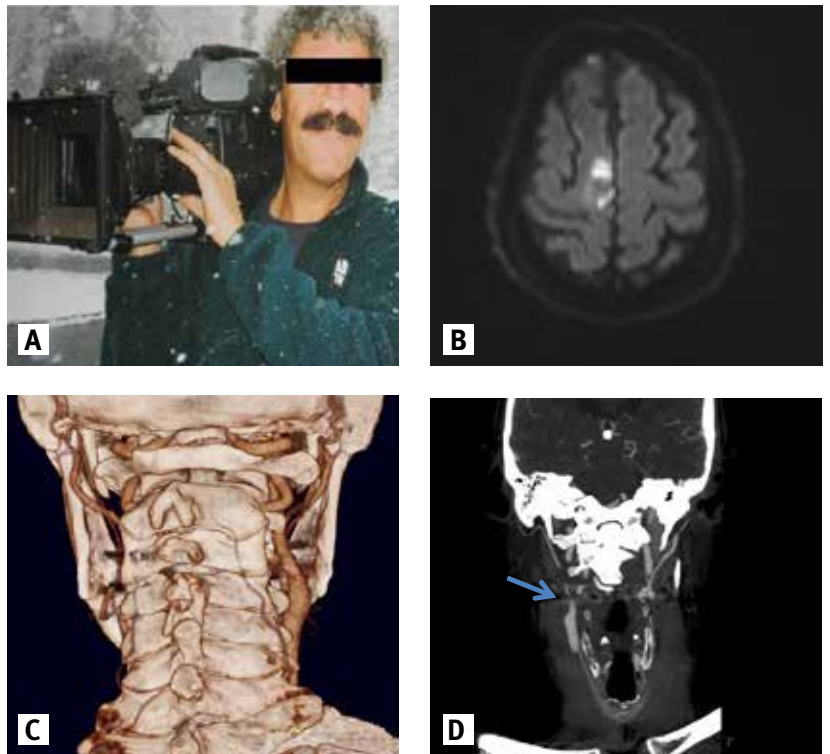
**A** 53 year old cameraman presented with acute distal left leg weakness associated with right-sided headache. He habitually carried a camera on his right shoulder [Figure 1A]. He was a smoker with no other medical history. On examination he had severe weakness of plantarflexion and dorsiflexion of his left ankle with unilateral ipsilateral achilles hyper-reflexia and a Babinski sign. Imaging studies confirmed the presence of acute infarct in the right parasagittal area of the motor strip [Figure 1B] and occlusion of the right internal carotid artery [Figure 1C & D].

Repeated neck trauma may lead to carotid dissection or plaque disruption with thromboembolism [1]. Two potential mechanisms for this distal right parasagittal infarct have been suggested: embolism to the right anterior cerebral artery prior to the carotid occlusion [1], or hemodynamic compromise sparing the middle cerebral artery territory [2]. The radiological data in this case suggest an ischemic infarct due to dissection of the carotid artery from camera-induced trauma as the likely diagnosis.

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**Figure 1.** [A] Video camera on the patient's right shoulder. [B] Diffusion weighted magnetic resonance imaging shows acute ischemia in right anterior cerebral artery territory. [C] Computed tomography angiography shows the right carotid occlusion, [D] with flame-shape appearance (arrow), which may have caused embolism to the right anterior cerebral artery prior to the arterial occlusion or to a hemodynamic mechanism sparing the middle cerebral artery territory.

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**“In the case of good books, the point is not how many of them you can get through, but rather how many can get through to you”**

Mortimer J. Adler (1902-2001), American philosopher, educator and author