ORAL CONTRACEPTIVES AND CEREBROVASCULAR COMPLICATIONS

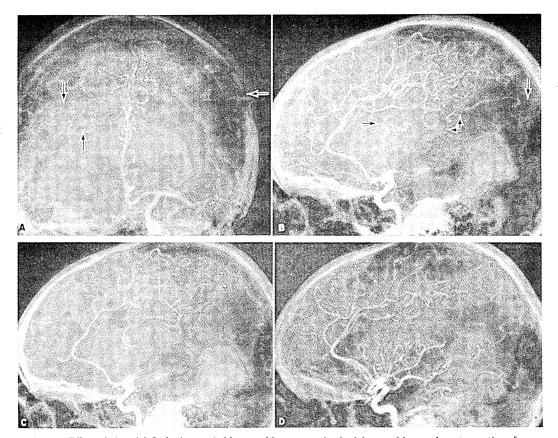


Fig. 5. Bilateral Arterial Occlusions: A 36-year-old woman who had been taking oral contraceptives for approximately two years. On account of a left hemiparesis that cleared in forty-eight hours, her physician recomnended admission to the hospital for a complete evaluation. Because the weakness had disappeared, however, the advice was disregarded. Three months later the patient had sudden aphasia and a right-sided weakness that progressed to a right hemiplegia.

The left carotid angiogram revealed an occlusion of the left middle cerebral artery at its trifurcation (A and B).

The left carotid angiogram revealed an occlusion of the left middle cerebral artery at its trifurcation (A and B). Bilateral anterior cerebral filling occurred, and on the left anastomotic branches were outlined, extending from the vertex into the middle cerebral territory (transverse arrows). On the right, a posteriorly extending branch fills rapidly and courses to the angular region (vertical arrows). After "washout" of the right anterior cerebral artery, the collateral circulation to the left middle cerebral region is more clearly seen (C). The patient improved very slowly, but no new neurological symptoms or signs developed. One month after the first angiogram a right internal carotid angiogram (D) showed the sharp arterial occlusion and distal avascularity of the angular area that are thought to have produced the first stroke. (Courtesy of Dr. Arthur Rosenbaum)

higher incidence of such occlusions has been observed. It appears quite probable that a number of the patients who had no angiographic abnormality suffered from occlusions of small vessels that could not be appreciated with certainty because of the limitation of the angiographic method.

Vol. 92

HEADACHE

Among the more interesting and important aspects of recent reports are the interrelationships between the ingestion of contraceptives, headaches, visual disturbances,

and cerebral ischemic attacks. Walsh and his co-workers observed that in 10 of their 69 patients paroxysmal headaches were either incited or aggravated by con-Whitty et al. (24) traceptive medications. 30 reported such cases. Shafey and Scheinberg described 28 patients with vascular headaches who had no previous history of migraine attacks before they were started on oral contraceptives. were additional patients who had vascular headaches reactivated or exacerbated by the medication. In these groups the head-