Fifteen minutes after having a coronary angiogram, as a preoperative test before replacement of my ascending aorta in 1998, at 41 years of age (Hankey 1999), I was lying on a trolley in the recovery room of the catheter suite, looking at the ceiling, and noticed something moving in the inferior temporal crescent of my right visual field. It was quite clear, like water, swirling about, and painless. I thought it was a problem with my right eye, and closed each eye in turn and could not convince myself that I could see it with my left eye. Over the next few minutes, the image gradually built up, and spread superiorly and medially toward the centre of my visual field. It was quite clear, like water, swirling about, and painless. I thought it was a problem with my right eye, and closed each eye in turn and could not convince myself that I could see it with my left eye. Over the next few minutes, the image gradually built up, and spread superiorly and medially toward the centre of my visual field. Again I closed each eye in turn and the image was now visible in the right visual field of both eyes. After about 10 min, I began to go blind in the extreme outer crescent of the right visual field.

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of each eye where the image of swirling water had originated from. Meanwhile, this image had continued to migrate more centrally across the right visual fields of both eyes, with the scotoma following behind it. I held my hands out in front of me (towards the ceiling), and moved the index finger of my right hand whilst bringing my hand from the periphery to the centre of my right visual field. There was definite loss of a large outer crescent of the right visual field of both eyes.

I wondered if the symptoms were caused by ischaemia or infarction in the anterior striate cortex of the left occipital lobe, perhaps due to thromboembolism from the catheter tip, or an intimal flap in the aortic arch that may have been dissected from the media by the catheter. Or could this be a peculiar adverse reaction to the contrast agent, triggering the visual hallucination and scotoma of a migraine aura, as has since been described after cerebral angiography (Beckman et al. 2001)?

A nurse noticed my antics (of testing my visual fields) and asked me ‘what on earth was I doing!’ I explained that I couldn’t see clearly to one side. She said ‘that sometimes happens’ and called the cardiologist. He, however, said he had never heard of such symptoms after coronary angiography. As a relatively new young consultant, I was embarrassed to be mentioning to the hospital’s senior cardiologist, and a colleague, and good friend of my father, a possible neurological complication of his procedure. I suggested to him that my symptoms were those of a coincidental first-ever migraine aura, emphasizing that my sister was a migraineur, and that I was probably genetically predisposed (Ducros et al. 2002). I insisted that my vision would recover, and that I would be appropriately ‘rewarded’ with a thumping headache for creating such a scene. He seemed satisfied with the diagnosis and said that I ‘would be alright’.

Indeed I was. After about 25 min, my vision slowly returned to normal, but there was no headache. I was relieved and grateful. However, my neurotic neurological nature provoked wild headache. I was relieved and grateful. However, my neurotic neurological nature provoked wild neurological consultation to explain any of this. Perhaps it is now time to do so. Any thoughts?

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Recurrent Migraine Aura Triggered by Coronary Angiography

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