diagnosis as well as appropriate treatment. With the emergence of powerful new thrombolytic and possibly neuroprotective treatments the role of imaging will increase.

Thrombolysis with tissue plasminogen activator, is effective in ischaemic stroke provided the treatment is started within the first three hours and in the absence of intracranial haemorrhage. SPECT may contribute to the treatment of the patient by confirming the ischaemia, indicating patients with a profound perfusion deficit who are at high risk of haemorrhagic transformation and demonstrating when thrombolysis is unnecessary because spontaneous reperfusion has already occurred (as in this patient). It is important to exclude cervical carotid or vertebral artery dissection because in this condition current recommended treatment entails early anticoagulation (despite the lack of formal trials) in an attempt to prevent further neurological deficit.

The incidence of carotid artery damage in the form of dissection, thrombosis, and embolisation could be reduced in sport by increasing awareness of the vessel's vulnerability. Advice and supervision to avoid prolonged or vigorous neck holds are important. In conclusion this report has highlighted an important danger of stroke from neck trauma in the martial arts and emphasised some of the associated clinical features as well as current management issues.

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Commentary
This report highlights a potentially devastating "near miss" from a neck holding manoeuvre in a martial arts class. These clinical and neuroimaging findings fit well with their hypothesis that compression of the neck in an arm grip was to blame. Highlighting the case with the supervising authorities would seem the minimum sensible response to the event described. This case report should help to do this. Awareness in the sport of the vulnerability of the brain to carotid occlusion clearly needs to be highlighted. The authors hope that in future cases computed tomography and SPECT might all be sorted out within a three hour time window before a decision on thrombolysis. This seems a little optimistic, particularly in a UK context.

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