

Atypical presentations of acute cerebrovascular syndromes

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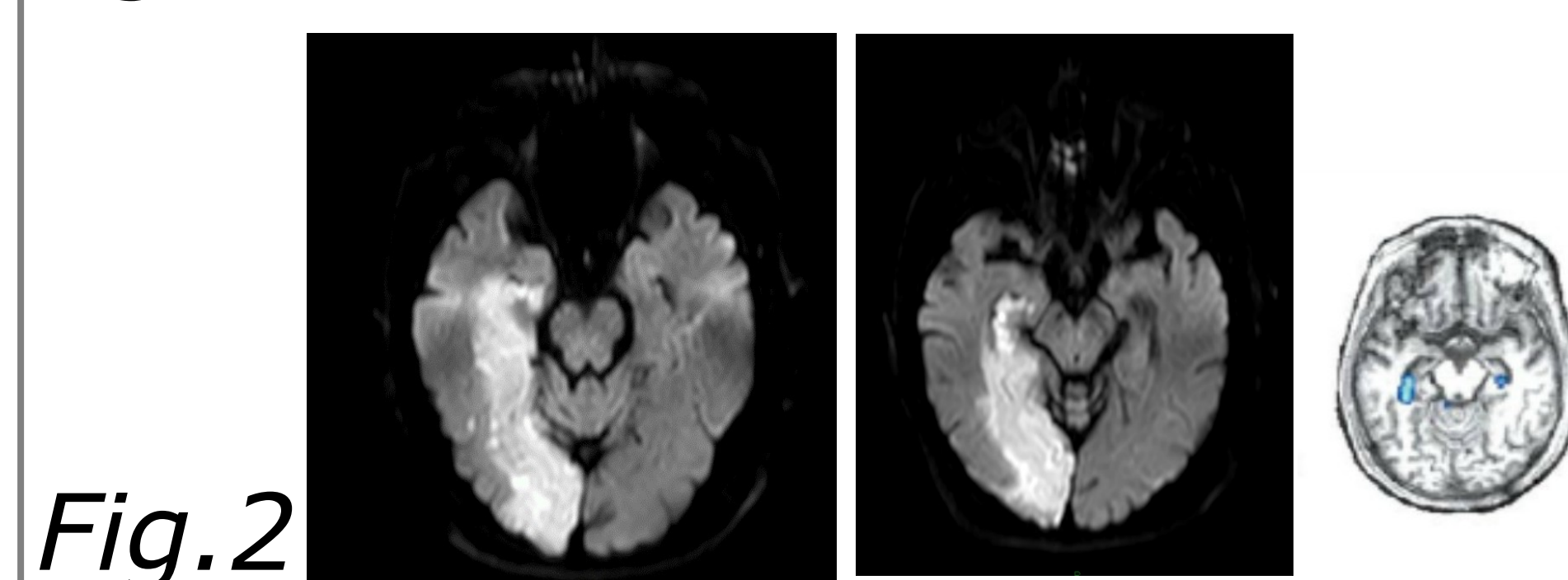
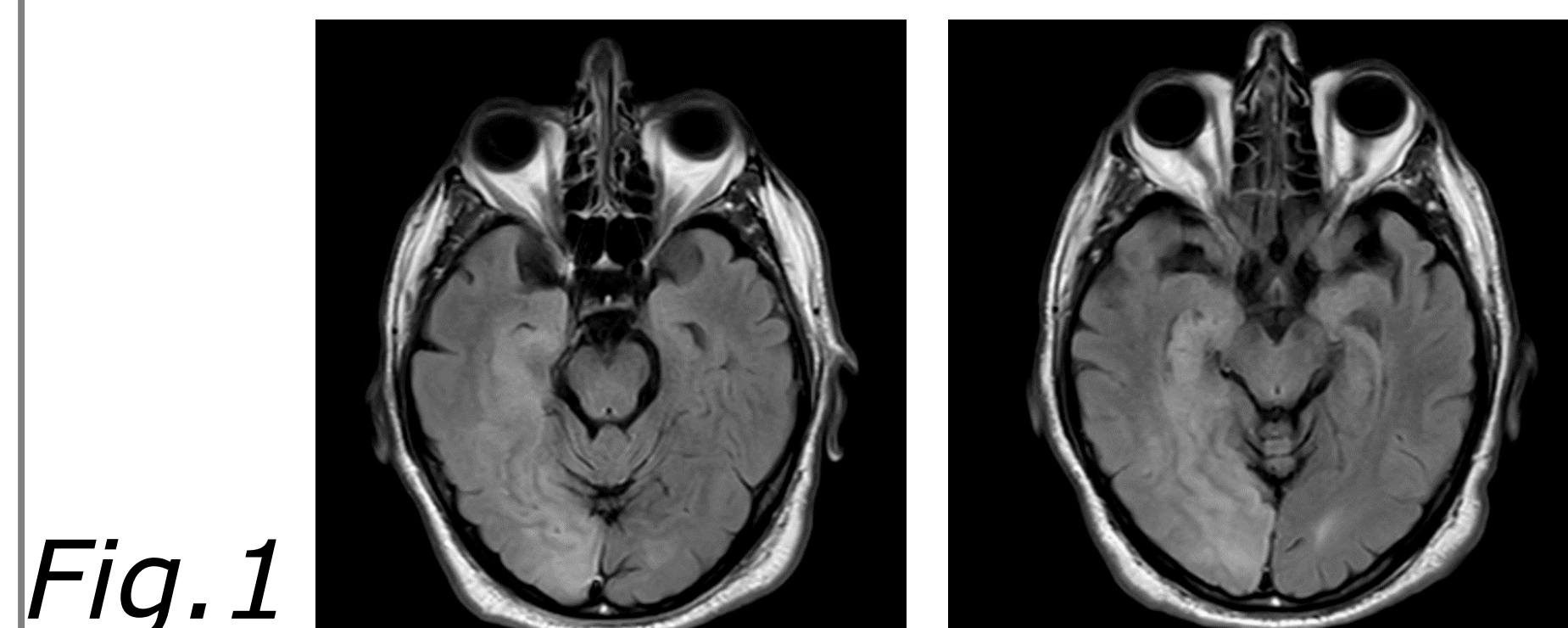
Purpose: to report the case of a man with atypical presentations of acute cerebrovascular syndromes.

Case report: a 69 year-old man patient with diabetes, hypertension and OSAS arrived in the afternoon at emergency department of Catania ARNAS Garibaldi Hospital 60 minutes after developing acute onset of anxiety and fear attack. He was found to have normal vital signs, laboratory studies and neurological examination. The patient's medical history not revealed affective disorders. Patient was discharged with anxiolytic therapy. Patient awoke in the night at 04:00 a.m. with limb paresthesia and he went for the second time at emergency department of our Hospital. Neurological examination shown a left-sided hemiparesis. Non contrast head computed tomography scan was normal. We performed a RMN that was remarkable for an hyperintensity on t2 FLAIR (Fig.1) and diffusion (Fig.2) in the right subcortical occipital and temporal white matter and amygdala, so the onset time was defined > 4.5 hours and we could not administer the intravenous thrombolytic therapy. Subsequently the patient was transferred to the stroke unit. During recovery we found a protruding atheromas in the aortic arch through transesophageal echocardiography.

Conclusion:

correct diagnosis of acute stroke is of paramount importance to clinicians to enable selection of correct treatments and to ensure prevention of acute complications.

Timely diagnosis can be difficult in some cases because patients with acute stroke can present with atypical or uncommon symptoms that suggest another cause altogether, like our patient with anxiety and fear attack and amygdala ischaemic stroke.



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