

Major stroke as first manifestation of connective tissue disease in a young patient with intracranial carotid dissection

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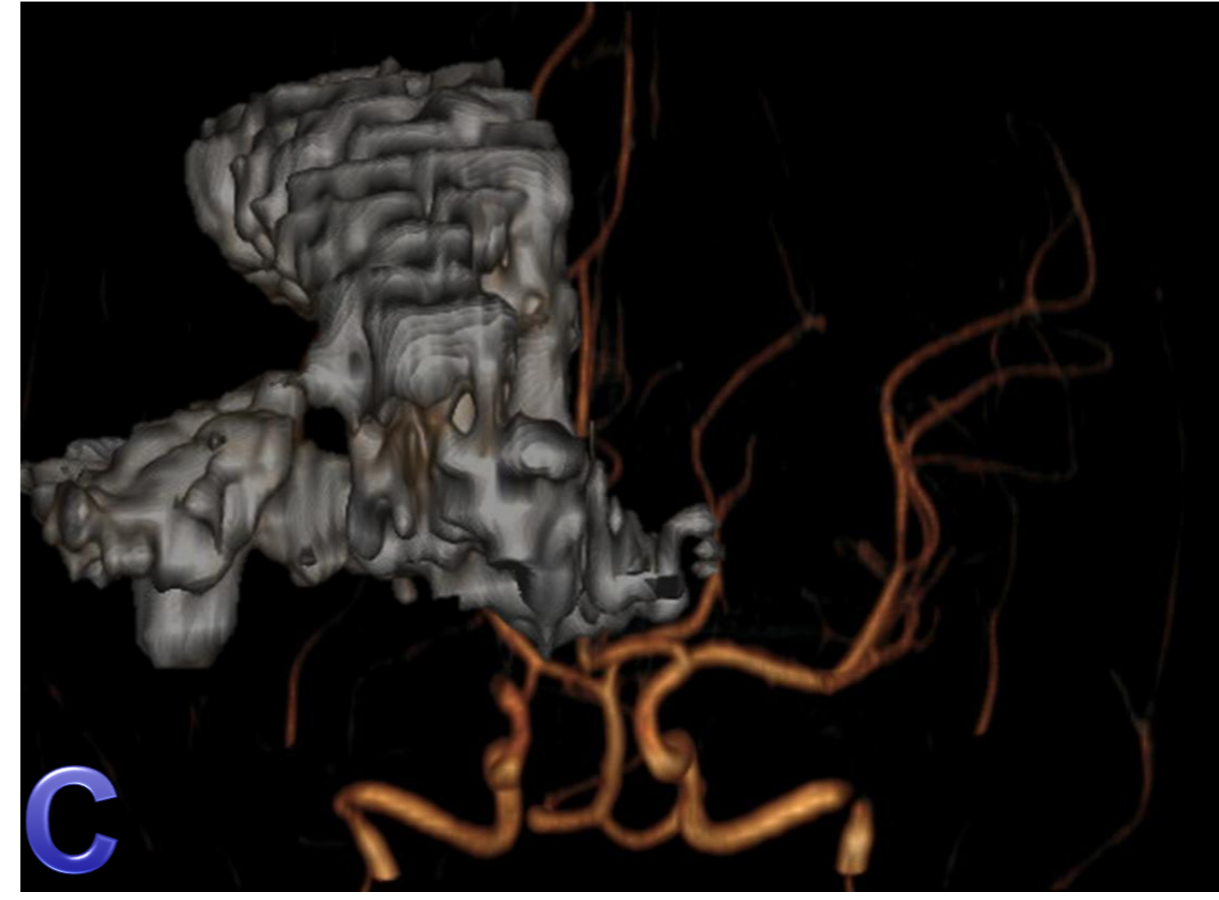
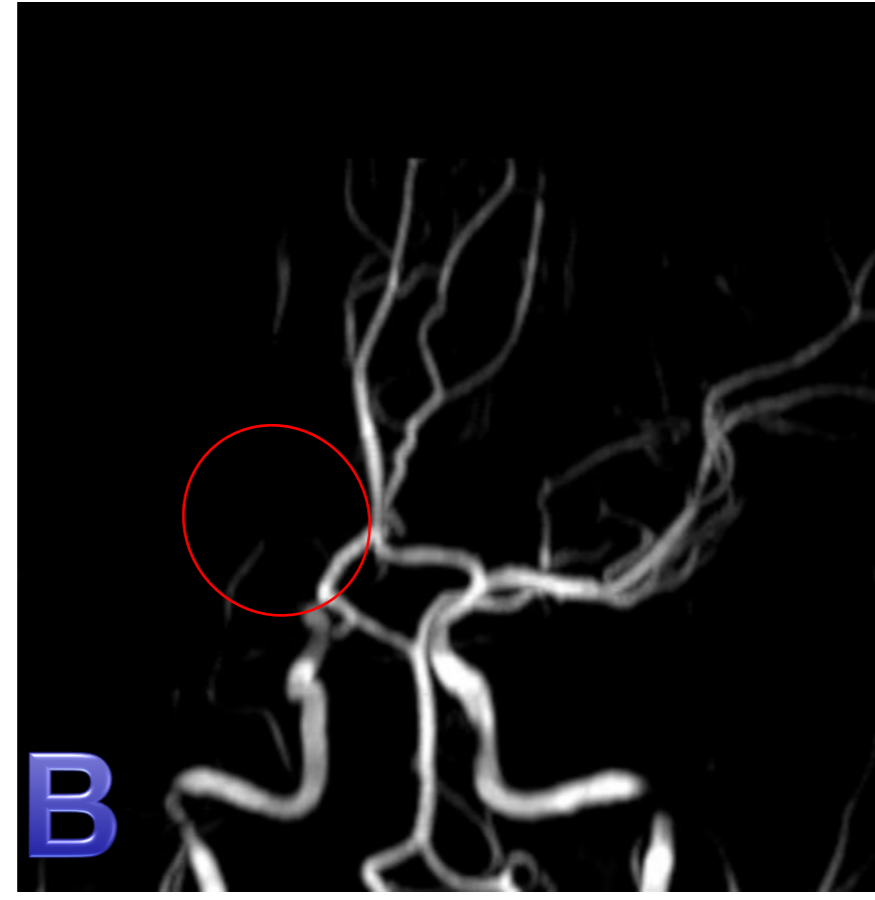
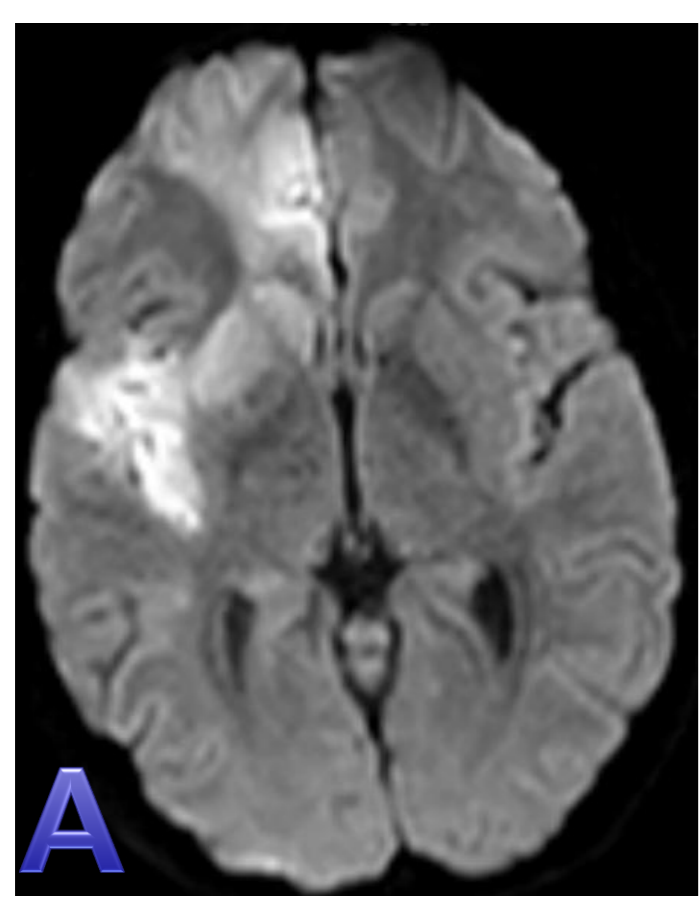
INTRODUCTION

Stroke in early life is rare, yet most of the stroke associated with rheumatic diseases seems to be at younger ages.

CASE REPORT

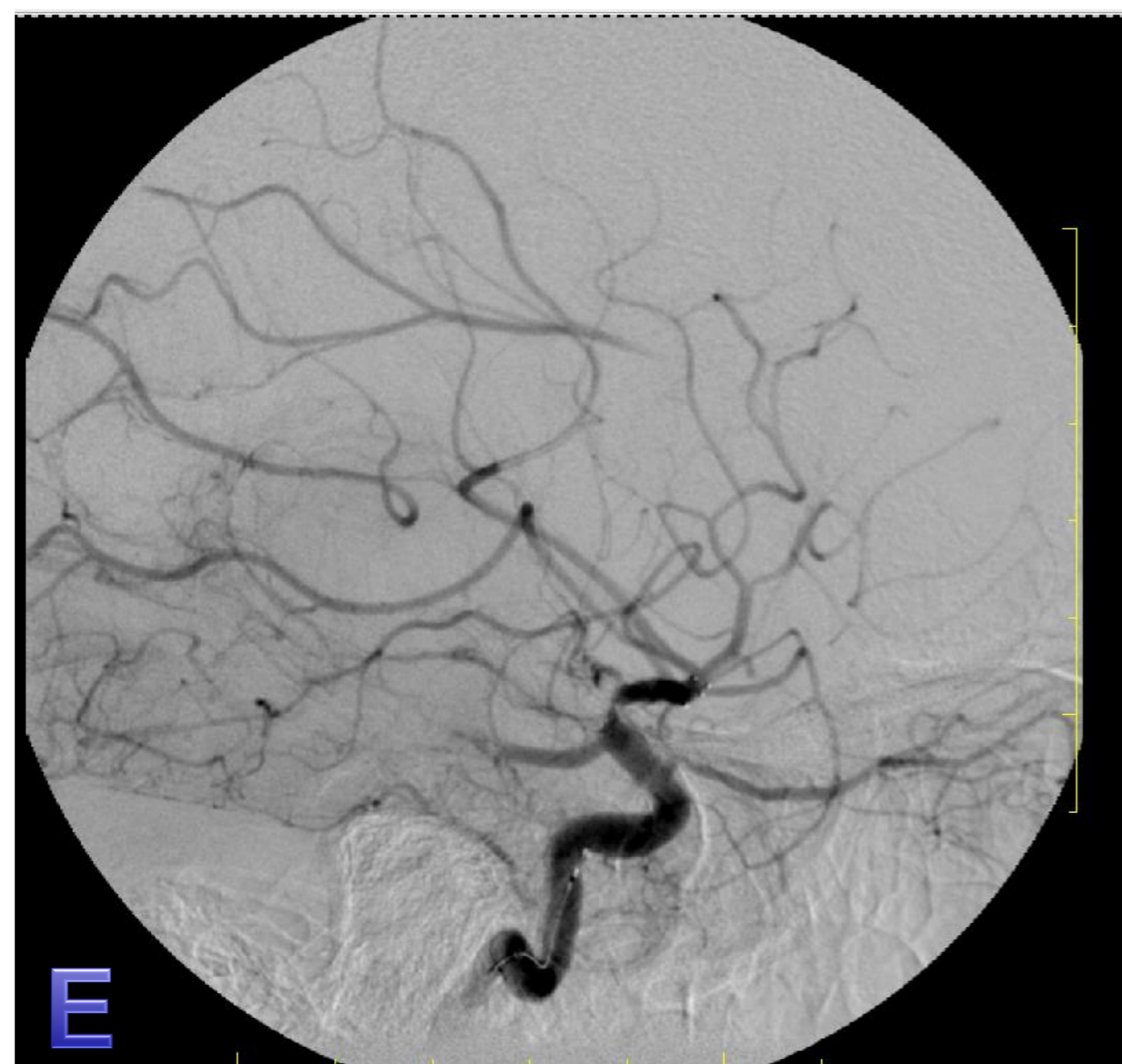
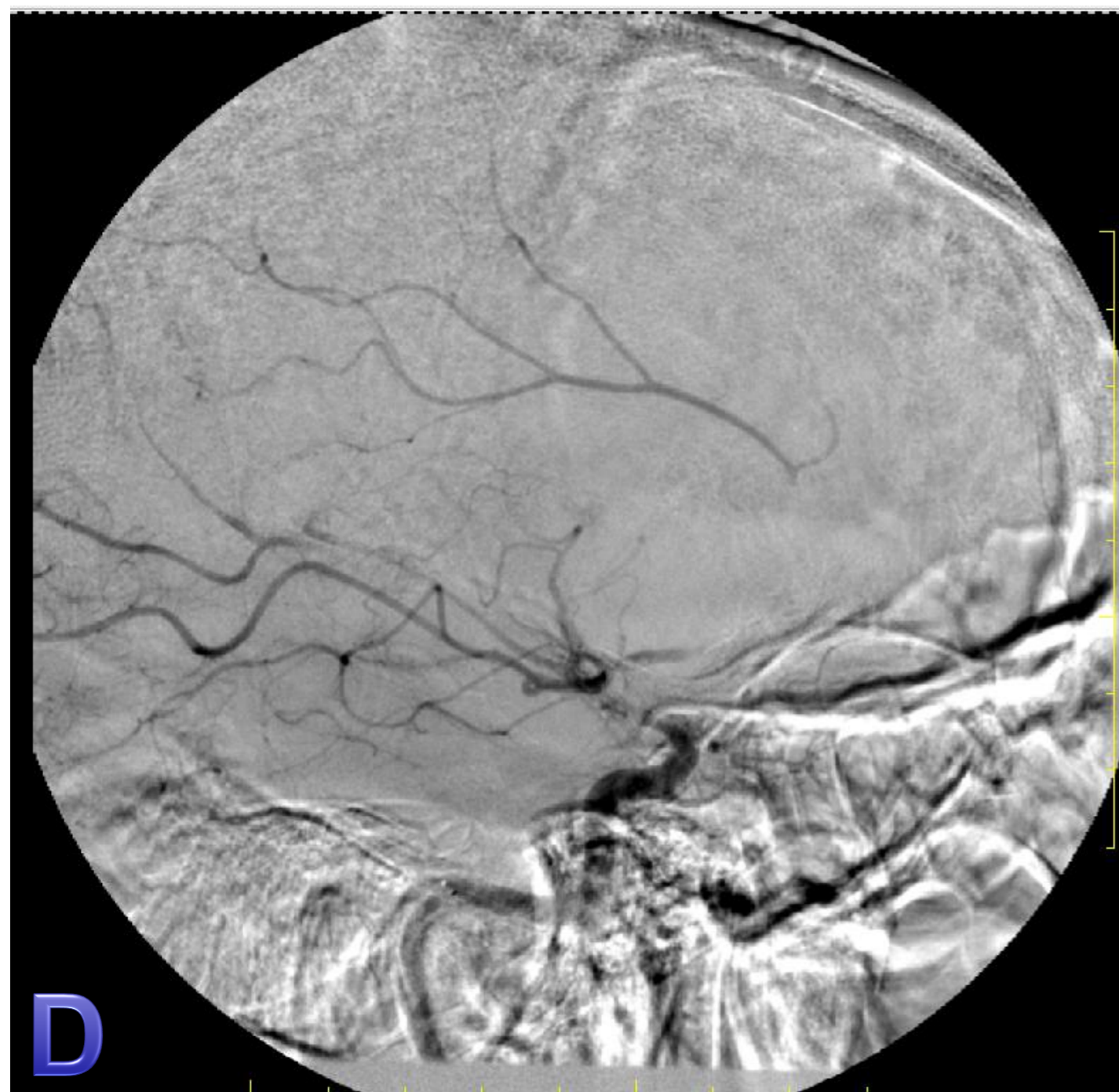
We describe a case of a 22 years-old young female, only affected by Hashimoto thyroiditis.

She arrived to the Emergency Room of our Hospital for onset on 5.30 a.m of left facial weakness regressed after few minutes, and left hemiplegia after 3 hours (NIHSS 13).



DWI-MRI: ASPECT:5

Angio-MRI: complete occlusion of right apical carotid.



Cerebral angiography: occlusion of carotid due to dissection (fig D). A procedure of **thromboaspiration** with apposition of stent in left apical carotid was performed. After procedure There was a complete reperfusion of right anterior circle (Fig E)

During hospital stay she underwent carotid ultrasound, ecocardiography, 24 hour holter ecg monitoring, tccd with bubble test with normal results.

Routine blood test that showed:

high level of erythrocyte sedimentation rate (ESR) 102 (N.R 0-15)

positivities anti cardiolipin antibodies and antinuclear antibodies(ANA) 1:2560 (N.R. <1:40)

She started therapy with corticosteroids with normalization of ESR after 2 weeks and warfarin and ASA 75 mg until now. At the dimission she had a NIHSS 10.

CONCLUSIONS

Stroke is a known complication of systemic lupus erythematosus (SLE), or more generally of rheumatic diseases that usually occurs several years after the rheumatological diagnosis.

This is one of the few cases that stroke was the first manifestation of rheumatic disease wich caused carotid dissection. A follow-up will be required to determine whether it is a LES or a primitive anti-cardiolipin antibody syndrome.

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