Cardioembolic stroke as first manifestation of complex pathology in haemodialysis patient

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Case report

Day 0

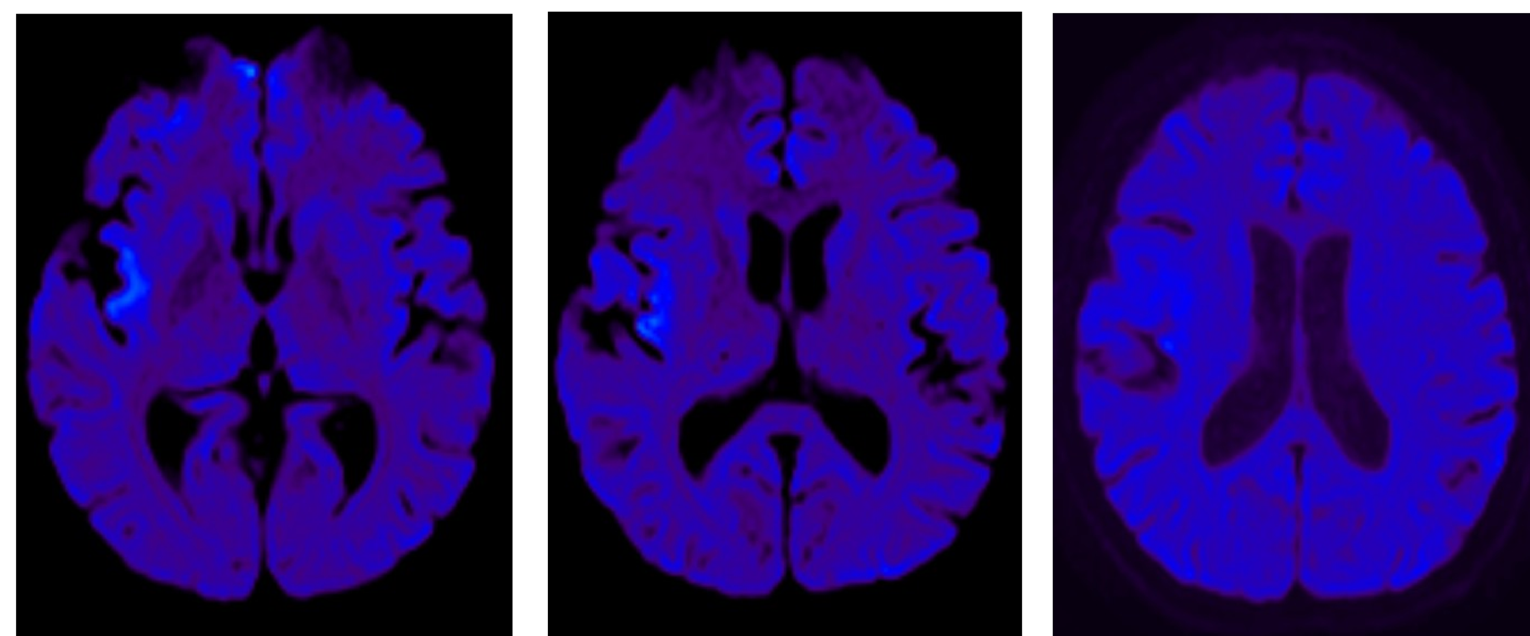
A woman **40 years old,** with a year history of hemodialysis three times weekly, through a venous right jugular catheter, during hemodialysis therapy complained sudden left hemiparesis (NIHSS: 5). A brain MRI was performed and she was admitted in our Stroke Unit.

MRI (DWI): ischemic lesion in the territory of right Middle Cerebral Artery with M2-M3 segment occlusion and presence of intracranial multiple telangiectasia.

Thrombolytic therapy was not possible for concomitant intravenous heparin in the previous 24h.

WBC:14740; N85%; R.C.P:20,3 (0-0,5).

A blood sample for hemoculture was performed



Recolored MRI DWI sb1000

Day 1

Carotid ultrasound-colordoppler: 70% stenosis at the left carotid artery (NASCET criteria).

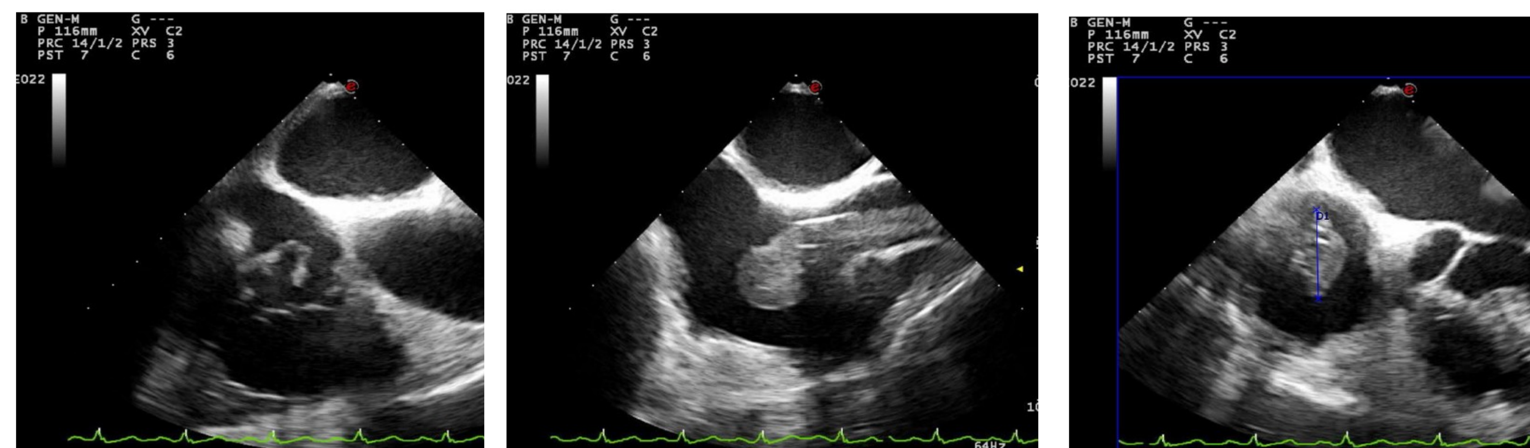
Day 2

Trans-esophageal ultrasound-cardiography:

•**thrombotic** mass at the apix of the central venous catheter

•**endocarditis vegetations** of the tricuspid valve (length 27mm), presence of endocarditis vegetation on right cusp of aortic valve (length 6,7mm)

•possible patent foramen ovalis.

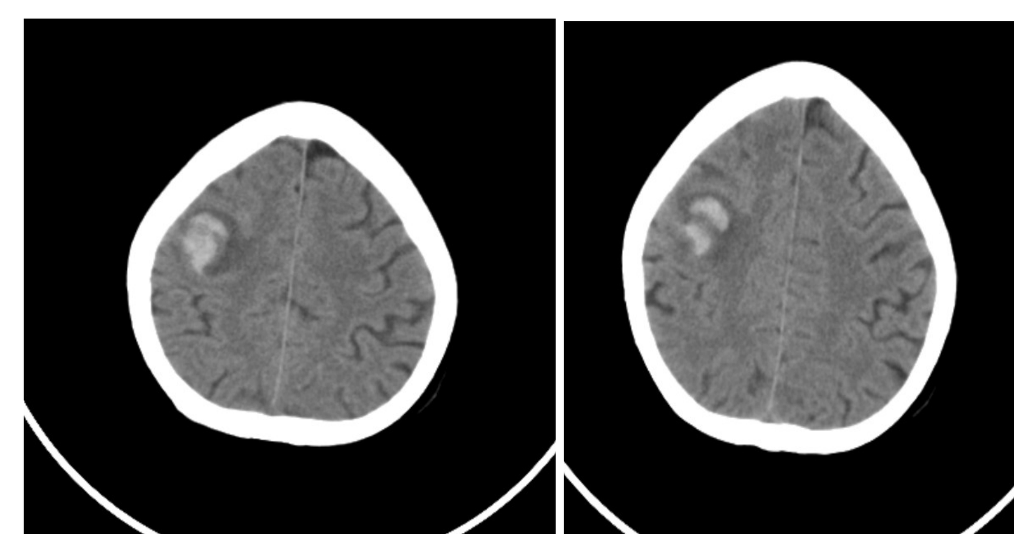


Day 3

The patient presented focal motor crisis with secondary generalization

Brain CT: hemorrhagic infarction and subarachnoid hemorrhage.

For this reason, cardiac surgery has been postponed and anticoagulant therapy stopped.



Day 4

Blood culture: negative.

A second blood sample for hemoculture was performed

Day 8

Blood culture: negative.

CONCLUSION

The evidence of unresponsiveness to antibiotic therapy, the negative results of blood cultures, the intracranial multiple telangiectasia could be due to mycotic endocarditis. The patient is still now waiting for cardiac surgery.

•1)Jiad E., et al. When the heart rules the head: ischaemic stroke and intracerebral haemorrhage complicating infective endocarditis. Pract Neurol. 2017 Jan;17(1):28-34. Review
•2)Bhardwaj B., et al. Nonbacterial thrombotic endocarditis involving both the tricuspid and aortic valves. Echocardiography. 2016 Dec; 33(12):1916-1918
•3)Tachamo N., et al. Acute ischemia of bilateral lower extremities as a presenting feature of disseminated mucormycosis endocarditis: A case report. J Community Hosp Intern Med Perspect. 2016 Dec 15;6(6):33215.

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