

COULD CEREBRAL ISCHEMIA SAVE THE LIFE? Case report

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INTRODUCTION

The literature describes a prevalence of 4-5 % about of patients affected by «silent ischemic cardiopathy», subjects asymptomatic because of «a fault alarm system against angina» and incidentally identified . The prognosis of this patients is generally good, except for trivascular coronaric pathology; remains the increased risk of sudden cardiac death.

We present a report of a patient admitted to a Stroke Unit because an acute neurologic syndrome, in which was found, in routine controls, a severe asymptomatic coronaropathy.

CASE REPORT

A 55-year-old woman admitted to our Stroke Unit because of an acute mild left-side hemiparesis (NIHSS: 7). She had a medical history of smoking (20 cig/day).

MRI scans of the brain showed acute multiple infarcts in artery border zones of right cerebral hemisphere.

Routine laboratory examinations revealed moderate piastrinosis.

At carotids U.S. study there weren't atheromatic lesions.

Echocardiography evidenced pathological cardiomegaly with severe left ventricular failure (ejection fraction - LVEF - 25%) because of akinesia of inferior and posterior walls and anterior part of interventricular septum.

She was underwent to coronarography revealed a subocclusion in left coronary descending arteries, according with ischemic cardiopathy.

Percutaneous transluminal coronary angioplasty (PTCA) with direct stenting has been performed successfully. Statin and antiplatelets drugs were started.

After 2 months, the echocardiography control showed normalization of LVEF (55% about); at the same time the clinical examination evidenced complete recovery of neurological loss.

Mutation J.A.K.2 was also found.

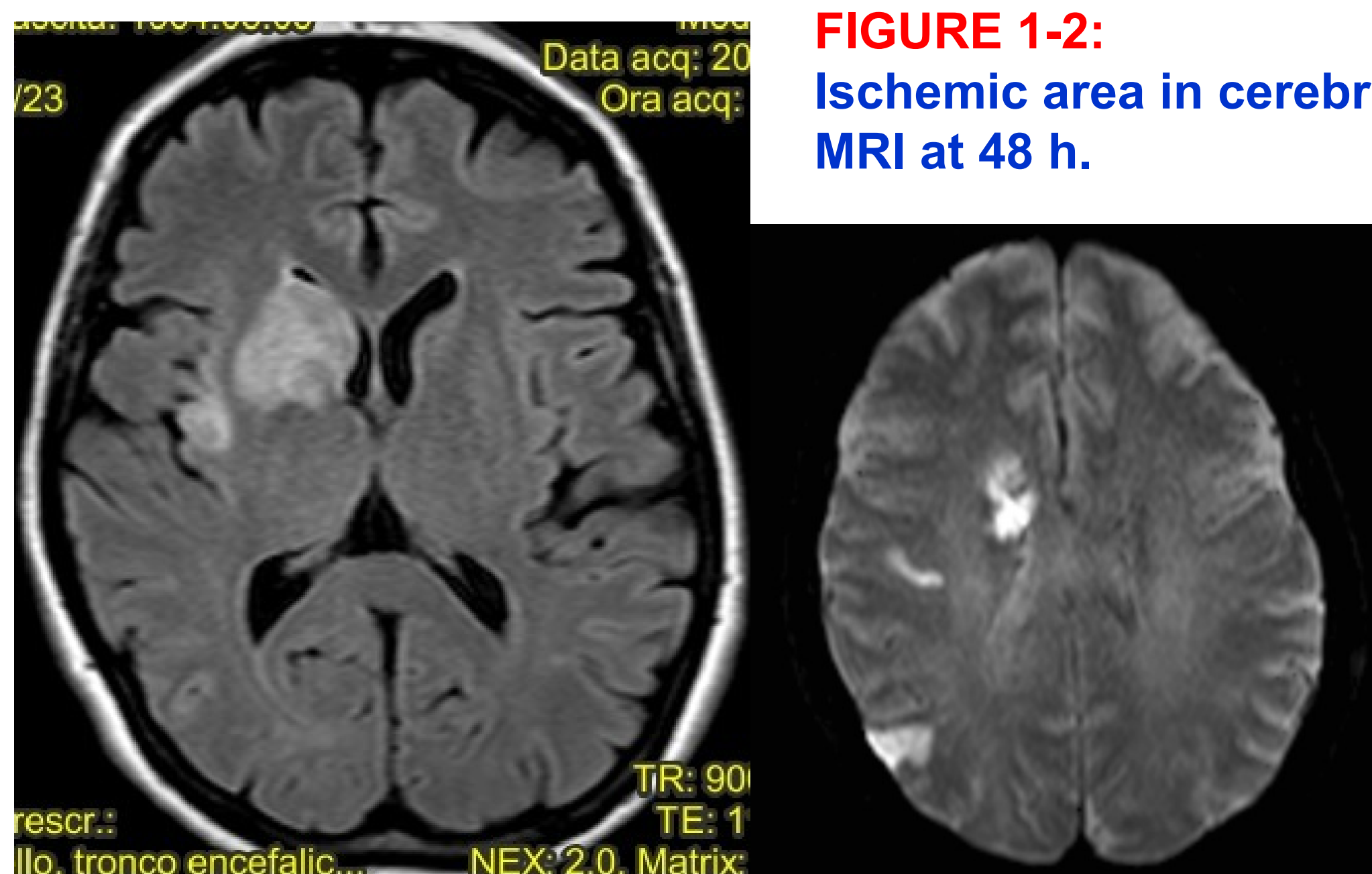


FIGURE 1-2:
Ischemic area in cerebral MRI at 48 h.

FIGURE 3:
Cardio-MRI with Gadolinium shows ischemic area of left ventricular walls



CONCLUSIONS

In this case mild neurological symptoms and subsequently admission to a Stroke Unit have saved the life of a patient, finding an asymptomatic severe heart ischemic disease successfully treated with PTCA and medical therapy. It would be desirable identify screening's strategies to detect asymptomatic severe coronaropathy, sometimes causes of stroke and, potentially, of sudden death.

References

1. Arauz A1, Calleja J, Vallejo E, Quintero L. - Prevalence of silent myocardial ischemia in single and multiple lacunar infarcts and large vessel disease stroke. Clin Neurol Neurosurg. 2010 Oct;112(8):658-61
2. Walter A, Seidel G, Thie A, Raspe H. - Semi-intensive stroke unit versus conventional care in acute ischemic stroke or TIA--a prospective study in Germany. J Neurol Sci. 2009 Dec 15;287(1-2):131-7.
3. Silva Y, Puigdemont M, Castellanos M, Serena J, Suñer RM, García MM, Dávalos A. - Semi-intensive monitoring in acute stroke and long-term outcome. Cerebrovasc Dis. 2005;19(1):23-30.