Trial Registration Number: Not applicable

02618 / #2097
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AS36. CASE REPORTS (POSTERS ONLY)
06-11-2020 8:00 AM – 8:30 AM

RECURRENT ISCHEMIC STROKES WITH SUBACUTE PROGRESSIVE MULTIFOCAL INTRACRANIAL ARTERY STENOSIS IN A 68-YEAR-OLD WOMAN WITH ESSENTIAL THROMBOCYTHEMIA TAKING ANAGRELIDE. CASE REPORT AND LITERATURE REVIEW

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Group Name:
Background And Aims: Anagrelide was originally designed for antiplatelet aggregation, but, in low dose, it was found to possess platelet-lowering effect and was routinely used as first-line reagent to treat essential thrombocythemia (ET). Although the mechanism of Anagrelide to reduce platelet counts in ET patients was unclear, it has chronotropic and inotropic effects and needs to be used with care in patients with known or suspected cardiovascular diseases. Furthermore, it is unclear whether it has side effects toward cerebral vascular systems.
Methods: Hereby, we presented a case diagnosed of ET and taking Anagrelide. Recurrent ischemic stroke with subacute progressive multifocal intracranial artery stenosis developed in the following 6 months, which was partially reversible after stopping taking Anagrelide.
Results: Series follow-up of brain magnetic resonance image (MRI) with timeofflight (TOF) MR angiography demonstrated recurrent ischemic stroke with subacute progressive multifocal intracranial artery stenosis, which was partially recovered after discontinuation of Anagrelide. Cerebrospinal fluid (CSF) study and related blood tests excluded other causes: such as primary central nervous system (CNS) vasculitis, autoimmune vasculitis, paraneoplastic syndrome, neurosyphyllis, cardioembolic stroke, coagulopathy, Hashimotoencephalopathy with CNS vasculitis.
Conclusions: Anagrelide was commonly used to treat ET for fewer side effects. However, it might cause recurrent ischemic strokes, which were found in our presented case. We proposed that Anagrelide might cause intracranial cerebrovascular vasospasm, somehow like the mechanism of cerebral vasospasm following subarachnoid hemorrhage (SAH). Therefore, to prevent ischemic stroke in patients with ET, the use of Anagrelide should be pondered carefully. Otherwise, hydroxyurea might be an alternative choice of treatment for ET.
Trial Registration Number:

02619 / #2116
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ARTERY OF PERCHERON INFARCTION WITH NORMAL INITIAL MRI: A CASE REPORT

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Group Name:
Background And Aims: The artery of Percheron (AOP) is a variant of the paramedian thalamic vasculature that provides bilateral arterial supply to the paramedian thalami and the rostral midbrain. Artery of Percheron (AOP) occlusion is a uncommon cause of ischemic stroke characterized by bilateral paramedian thalamic infarcts. The presentation varies widely and is often characterized by nonspecific neurological deficits, with altered mental status, decreased level of consciousness, and memory impairment. Because of the large clinical variability, it's really a challenge to clinicians in the acute setting. Lacking the classic signs of stroke, artery of Percheron infarction patients may experience a delay in recognition and miss the tissue plasminogen activator (tPA) window.
Methods: We report a case of AOP infarction in a 48-year-old woman admitted with normal early head magnetic resonance imaging (MRI). The diagnosis of AOP infarction was confirmed four days later by a new head MRI.
Results: Because the early MRI was inconclusive, the thrombolytic therapy was not allowed. The patient had Modified Rankin Score (mRS) of 3 at discharge and 2 at 90 days post-discharge.
Conclusions: We report this case to highlight that a normal initial MRI can't formally rule out the diagnosis of acute stroke of AOP, especially if the MRI is obtained so early or if the technical conditions are not optimal.
Trial Registration Number:

02620 / #2146
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THE THREE FACES OF NEUROLOGIC MANIFESTATIONS IN HYPERTENSIVE PATIENTS WITH FIBROMUSCULAR DYSPLASIA

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Group Name:
Background And Aims: Fibromuscular dysplasia (FMD) is a non-atherosclerotic arterial disease that primarily manifests as multifocal or focal lesions in medium or small-sized arteries, but also as arterial dissections, aneurysms, and tortuosity. Renal and extracranial carotid and vertebral arteries are most commonly affected although all arterial beds can be involved.
Methods: Three patients with arterial hypertension (AH) from our centre who were diagnosed with FMD and had neurologic manifestations are presented.
Results: The first patient presented with AH at the age of 27 during her second pregnancy. Bilateral renal artery multifocal stenosis was diagnosed and PTRA performed. She was lost to follow up for the next 4 years when she presented with acute SAH due to ruptured aneurysm of the right PComA. The second patient, 47 year old male, with history of AH, presented with ischemic stroke. CT angiography showed right ICA occlusion from C1 to ophthalmic segment due to dissection. CT renal angiography showed one sided multifocal FMD with dissection. The third patients was also diagnosed with AH in pregnancy at the age 25. Apart from occasional occipital headache related to high blood pressure she had no other symptoms. Work up for secondary causes of AH revealed multifocal renal FMD and 2 renal artery aneurysms. Screening for cervical and brain FMD revealed irregularities of the both vertebral arteries due to previous dissections and 4 intracranial aneurysms.
Conclusions: Intracranial aneurysms or cervical artery dissections in a young hypertensive patient should raise suspicion on FMD. Any patient with renal FMD should undergo screening from head to toe.
Trial Registration Number:

02621 / #2153
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AS36. CASE REPORTS (POSTERS ONLY)
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ACUTE FOVILLE'S SYNDROME CAUSED BY INTRACRANIAL ARTERIAL DOLICHOECTASIA IN AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE

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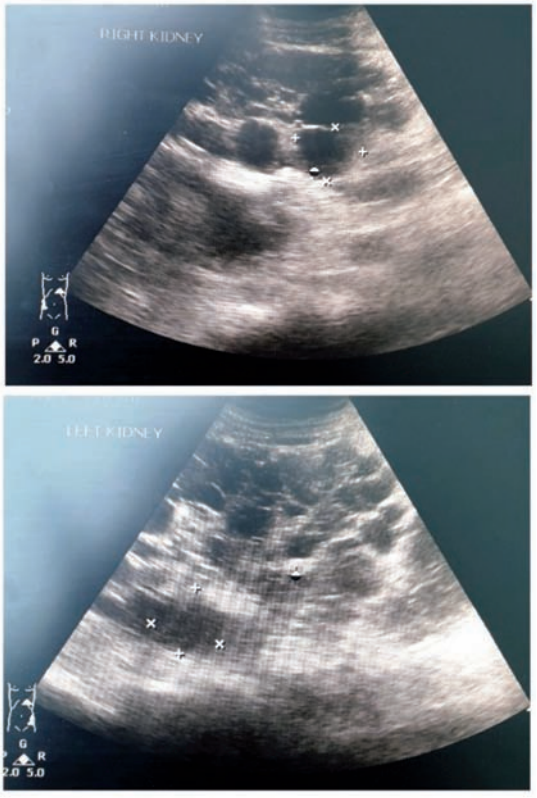
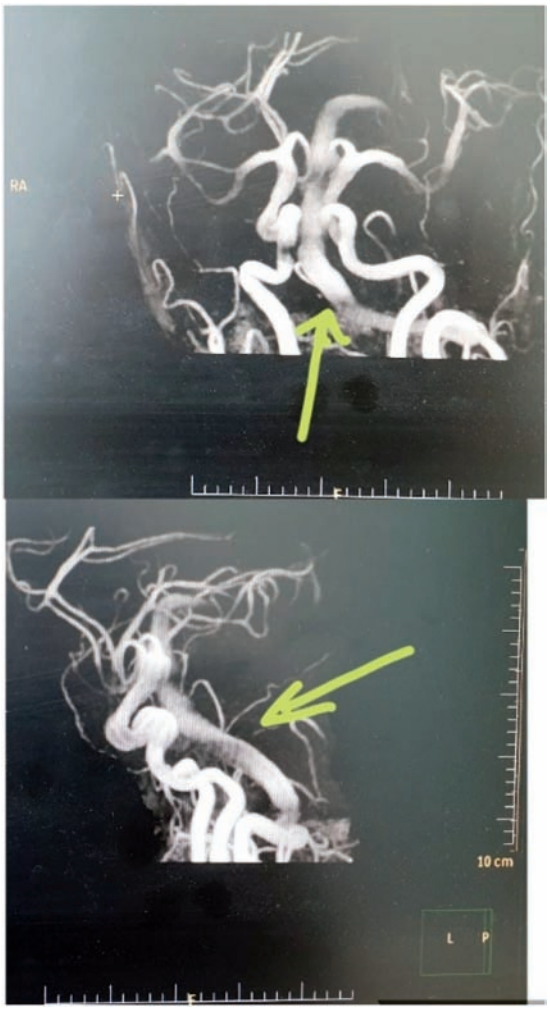
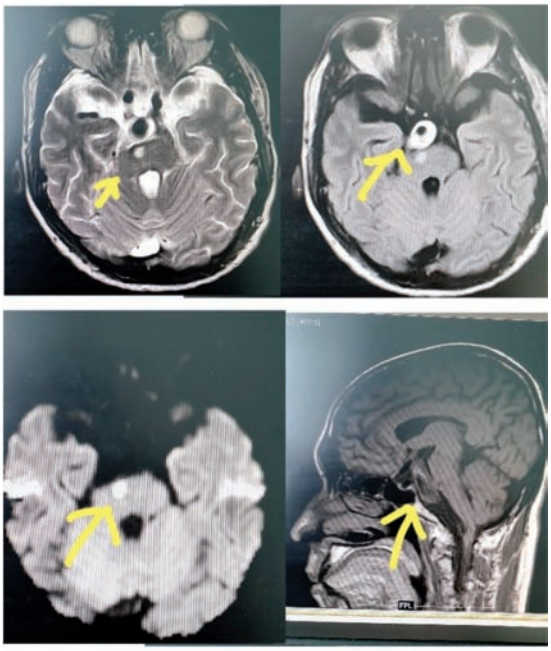
Group Name:
Background And Aims: Foville's syndrome is a rare manifestation of stroke. Autosomal dominant polycystic kidney disease (ADPKD) is an inherited systemic disorder with a variety of cardiocerebrovascular manifestations, including stroke due to hypertension or vascular change. Intracranial arterial dolichoectasia is an uncommon vascular disease defined as any pathological increase in length and diameter of at least one intracranial artery. We present a patient with ADPKD who had acute Foville's syndrome with internuclear ophthalmoplegia due to vertebrobasilar dolichoectasia.
Methods: A 49-years-old right-handed male was admitted with sudden left hemiparesis since one day before, dysarthria, double vision, and headache. He had history of uncontrolled hypertension and frequent headache for five years. His blood pressure was 172/123 mmHg. Neurological examination showed limited abduction and adduction of the right eye and mild ptosis with concurrent miosis. Right LMN facial nerve palsy and left UMN hemiparesis (the Medical Research Council (MRC) grade power 3/5), suitable with Foville's syndrome and internuclear ophthalmoplegia. Laboratory showed chronic kidney disease (CKD) : Hb 9.6 g/dL, ureum 225 mg/dL, serum creatinine 6.78 mg/dL. Abdominal ultrasound proved bilateral polycystic kidneys. Brain MRI and MRA revealed acute lacunar infarction of anteroinferior pons, dolichoectasia of vertebrobasilar artery which contained thrombus. He was treated conservatively with Enoxaparin, acetylsalycilic acid 80mg, nifedipine, pharmacological CKD treatment, and physiotherapy.







Results: Patient was discharged on the fourth day with improvement of cranial nerves and left hemiparesis (MRC grade 4/5). Follow-up on the 20th day revealed slight hemiparesis only.
Conclusions: Cerebral complications are an important cause of morbidity and mortality in patients with adult polycystic kidney disease.
Trial Registration Number: Not applicable

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GIANT CELL ARTERITIS RELATED PROGRESSIVE STROKE – A CASE REPORT

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Group Name:
Background And Aims: A 75-year old man was admitted to the emergency department because of sudden onset vertigo and emesis as well as neck pain. Neurological examination revealed severe ataxia of gait. The patient reported moderate weight loss over the last months and no recent fever. Past medical history included diabetes and hypertension.
Methods: MRI showed bilateral cerebellar ischaemic lesions as well as multiple bilateral vertebral and distal internal carotid artery stenosis. Laboratory analysis unraveled an elevated blood sedimentation rate. Ultrasound examination showed hypoechoic wall thickening (halo sign) of the extracranial vertebral and temporal arteries.