



ORAL PRESENTATION

A subtle stroke

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Abstract

Introduction: The authors present a clinical case of an ischaemic stroke that presented with anomia.

Case Report: A 75-year old woman was brought to the emergency department with an anomia that had started that day. The neurological exam confirmed the anomia with no other associated findings. The CT-Scan showed focal points of ischaemic gliosis without any other acute changes that could suggest vascular lesions particularly in the middle cerebral artery territory. The patient was hospitalized in the cerebrovascular disease unit with the diagnosis of ischaemic stroke. During her stay at the unit, the patient developed a decreased nasolabial fold prominence on the left side, motor aphasia, dysmetria and a lack of balance while walking. On the fourth day, the patient underwent an MRI

that revealed a sub-acute infarction in a partial territory of the left middle cerebral artery with a partially re-canalized thrombus in the inferior M2 branch of this artery. Blood work showed a mixed dyslipidaemia. The echocardiogram detected a type 1 diastolic dysfunction with an ejection fraction of 55%. Patient was discharged after 8 days. Currently, the patient is followed in the cerebrovascular diseases department. The neurological evaluation demonstrates aphasia with some impairment of comprehension and naming. Her speech has fluency loss showing occasional anomia pauses and paraphasias.

Conclusion: The authors alert to the fact that a stroke can present itself in multiple ways, stressing the role of the clinical symptoms in its diagnosis.

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