Introduction: Mitral valve prolapse involves a spectrum of structural and functional mitral valve dysfunction, characterized by central weakening of the fibrous core tissue. Such lesions may lead to thrombus formation, vegetation and calcification of the valve that may cause thromboembolism. This condition may be asymptomatic, with stroke or transient ischaemic attack (TIA) being the first sign. Approximately 10-14% of ischaemic strokes occur in young adults. Studies revealed high incidence rates of hypertension, diabetes mellitus, dyslipidaemia and smoking as being the most frequent risks factors for ischaemic strokes.

Case Report: Male, 33 years, with hypertension and dyslipidaemia, medicated with ACE inhibitor and statin, with poor control. In April 1999, he went to the emergency room (ER) with the following complaints: right facial paraesthesia, dysarthria and headache with 24-hour duration. CT scan showed a small ischaemic lesion located in the left middle cerebral artery territory. Antiplatelet therapy was initiated with a successful and complete recovery. The TIA's etiology was a mitral valve prolapse. Warfarin was initiated, as well as cardiology follow-up. Five years later, warfarin was discontinued and aspirin was resumed.

Conclusion: The patient was initially treated with aspirin at the ER but the cardiologist changed it to warfarin, which was discontinued in 2006 and changed back to aspirin. Since the duration of symptoms was 24 hours, the clinical distinction between TIA or stroke is difficult, with the constant revision of definitions contributing to that. This leads to different therapeutic approaches, as the guidelines support aspirin for cerebral transient ischaemic attacks and warfarin for selected post-stroke patients.