



POSTER

Causes for clinical deterioration four and five days post thrombolysis

Rafael Nascimento¹, João Miguel Freitas¹, Patrício Freitas¹, José Franco¹, Duarte Noronha¹, Rafael Freitas¹, and Luz Brazão¹

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Abstract

A 64-year-old man was brought to the emergency department (ED) with sudden right-sided weakness and slurred speech. The patient referred a sudden onset of loss of power on his upper right limb during lunch. He went to a nearby Health Centre and was immediately sent to the local Hospital.

At the Hospital, the man was examined one hour after the onset of his weakness. He was afebrile and hemodynamically stable with a blood pressure of 164/92 mmHg. He had partial homonymous hemianopia, dysarthria and right brachial hemiparesis. The patient had a NIHSS of 9 and the brain CT scan showed no acute lesions. He initiated thrombolysis 2 hours and 14 minutes after the onset of the symptoms with progressive clinical improvement; 4 hours later, his NIHSS was 5. The 24-hour control brain CT showed a hypodensity in the left hemisphere (temporal parietal location) consistent with an acute infarction.

During his stay in the stroke care unit, the patient had a clinical deterioration (NIHSS 9) when he woke up on the 4th day. The following day, the patient suffered a transitional episode of dizziness and diaphoresis when trying to stand up slowly, with further aggravation of the NIHSS scale to 11. The neck duplex scan showed a stenosis of 70-80% in the left common carotid bifurcation and beginning of the internal carotid artery. That same day, the patient developed a pneumonic infection with a chest x-ray showing a heterogeneous infiltrate. The brain CT showed an enlargement of the initial lesion, with a small haemorrhagic transformation, 8 days after admission in the ED.

The authors pretend to discuss the reason or reasons for clinical deterioration and debate the best treatment in this patient with a past story of radiotherapy in 2014, due to a throat cancer.

¹Hospital Central do Funchal, Stroke Unit (U-AVC), SESARAM EPE, Funchal, Portugal

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