



ORAL PRESENTATION

Low aspects and malignant cerebral infarction—a silver lining?

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Abstract

A 44-year-old woman, with no past medical history, was admitted to the emergency department with altered level of consciousness and language impairment, last known to be well 11 hours earlier.

At admission she was aphasic, with left-sided gaze deviation, had right homonymous hemianopsia, right central facial palsy, right hemiparesis and ipsilateral hyposthesia (NIHSS 22). A brain computerized tomography (CT) showed a hypodensity in the left middle cerebral artery (LMCA) territory (ASPECTS 3/4). A CT angiography revealed left internal carotid artery (LICA) and left middle cerebral artery (LMCA) occlusion. IV tPA treatment was withheld, and despite a low ASPECTS score, endovascular treatment was performed. Cerebral angiography showed LICA occlusive dissection and mechanical thrombectomy and balloon angioplasty

was performed, achieving a TICI score 2c with a residual stenosis of 50%.

Twenty-four hours after admission her neurological symptoms worsened and a brain CT was repeated, revealing an established ischemic lesion involving the LMCA territory with small petechial intralesional hemorrhage and cerebral oedema, conditioning a subfalcial herniation. She was started on osmotherapy immediately. Clinical and radiological deterioration persisted, and after 72 hours she underwent decompressive craniectomy. The procedure was unremarkable and over the next following days progressive neurological improvement was seen. Three weeks after stroke, the clinical picture was essentially dominated by an anterior aphasia (NIHSS 11).

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