



ORAL PRESENTATION

When the words don't come easily: a case of a-a-anomia

Luciana Almeida¹, Raquel Bastos¹, Raquel Freitas¹, and Manuel Sousa¹

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Abstract

Introduction: About one third of ischaemic strokes in young and middle-aged patients are considered cryptogenic. A patent foramen ovale (PFO) is found in about 50–60% of these and may be the underlying cause in about three quarters, mostly due to paradoxical embolism.

Case Report: The wife of a 38-year-old man, with no known cardiovascular risk factors, suddenly noticed her husband using a confusing and repetitive speech, with minor memory flaws. Unaware of these symptoms, two days later, he goes to work where his co-workers also notice speech impairments, frequently confusing people's names. This led her to schedule a medical appointment. After complete examination, anomia was evidenced by semantic paraphasias prompting the diagnosis of motor aphasia and the brain MRI revealed a cortical ischaemic infarct in the territory of the left middle cerebral artery, initiating anticoagulation treat-

ment. A through imaging and analytical study was negative for atherosclerotic lesions, major cardioembolic sources or pro-thrombotic factors but the transoesophageal echocardiogram revealed the presence of a small left-right shunt through the interatrial septum, an atrial septum aneurism and a positive "bubble test" confirming the PFO diagnosis. The PFO was closed percutaneously 8 months later and the patient was discharged with double antiplatelet therapy for secondary prevention.

Conclusion: Any physician needs to rule out objective deficits since subtle language disturbances may be devalued. It is not easy to prove causality between PFO and cryptogenic stroke, and, therefore, decide the most suitable treatment. In selected patients, especially those with high Risk of Paradoxical Embolism (RoPE) score, PFO closure may be the most beneficial one.

¹USF Canelas, ACeS Espinho-Gaia, Vila Nova de Gaia, Portugal

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