



POSTER

Recurrent ischemic stroke in young patient— discussion of a therapeutic approach

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Abstract

Introduction: Antiphospholipid syndrome and patent foramen ovale play an important role in the etiological investigation of ischemic stroke in young patients. The authors present a case of coexistence of these two factors and propose therapy based on the risk analysis of each of them.

Clinical Case: 21-year-old white woman with personal history of cortical right parietal convexity ischemic stroke in 2015. In 2018, she reported three episodes of headache, paraesthesia, and decreased strength in the left upper limb with total resolution after a few hours, suggestive of transient ischemic stroke. Lab results showed positive 1/1280 ANA's with mottled pattern, anti-ds-DNA 1096.9 IU/mL and two positive tests of lupus anticoagulant, 12 weeks apart. She did an EEG with no epileptic activity. Brain CT and MRI scans revealed old right postcentral gyrus hypodensity, ex-

cluding new lesions. Transoesophageal echocardiography showed patent foramen ovale, absence of atrial septal aneurysm and left-right shunt. Transcranial Doppler ultrasonography did not reveal a shower pattern. Due to diagnostic criteria for antiphospholipid syndrome and without criteria for foramen ovale closure, the patient started warfarin.

Discussion/Conclusion: The aetiology of ischemic events occurred in the clinical case described above was difficult to evaluate. However, the complementary tests for functional measurement of foramen ovale led to the conviction of its little etiological relevance, thus considering the antiphospholipid syndrome as decisive for the observed cerebral vascular pathology and as a consequence, the therapeutic proposal implemented.

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