How many controversies fit in a stroke case?

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Introduction: Stroke is a major cause of death and prolonged disability. Common causes of an ischemic stroke are thrombosis from stenosis or occlusion of large arteries or embolism mainly from cardiogenic sources. Identification of etiology is fundamental in planning treatment strategy and secondary prevention. Case report: A 61 -year-old right handed man was admitted eight hours after the onset of right side hemiparesis ,right hemianopsia and also expressive aphasia. He was getting dabigatran 110mg twice per day for atrial fibrillation. Computer tomography (CT) showed large infraction as a low density lesion in the territory of anterior, middle and at a less degree of posterior cerebral artery with surrounding edema and mass effect. CT angiography revealed an anatomic variant with the left anterior artery to be branch of middle artery and the left posterior to be hypo plastic. Furthermore a severe stenosis, almost 80% of the left internal artery in the neck was detected. He decided to continue his anticoagulation therapy with rivaroxaban 20mg once daily and to perform interventional treatment for the internal carotid stenosis three months later. Discussion: This case includes many dilemmas .Firstly should be expanded the laboratory and imaging work up despite the obvious cause of ischemic stroke? In which cases they should decide so? Moreover a patient under Noacs for atrial fibrillation and a new severe ischemic stroke should continue the same therapy or change with warfarin? Finally what is the best timing and also the best procedure for a severe carotid stenosis in the neck after a major stroke?