

STROKE (MIMICS), EPILEPSIA, MIGRAINE WITHOUT HEADACHE – WHAT HAPPENED?

A. Lucic Prokin, T. Kokai Zekic, Z. Zivanovic, J. Sekaric, S. Lukic,
S. Gvozdencovic

Clinical centre of Vojvodina, Emergency Centre, Novi Sad, Serbia

Background: The diagnosis of an acute ischemic stroke is often clear, but diagnostic problems turn up especially in some cases with the acute neurological symptoms but without radiological signs of infarction known as neuroimaging-negative cerebral ischemia (NINCI). Also, the same problem exist in 1.3%-25% of patients with some non -vascular disorders known as stroke mimics (SM). The causes of SM include metabolic, migrainous, convulsive, neoplastic and other disorders. Sometimes these patients are treated by intravenous (i.v.) rt-PA.

Case report- A 25 year-old male was received in ER with motor aphasia and right-sided hemiparesis which started after exercises in the gym. There was no headache or signs of previous seizure, no risk factors for cerebrovascular disease. After neurological evaluation (NIHSS-8, mRS-3) and brain CT scan, patient was treated with i.v.rt-PA. Neuroimaging and neuroultrasonography procedures, transesophageal echocardiography (TEE) and routine blood testing, genetic, imunology and blood tests for hypercoagulable states were all normal. Electroencephalographic recordings (EEG), performed two times, showed possible epileptiform activity. Two days from the begining, all symptoms subsided.

Conclusion- Our patient with stroke mimics after receiving i.v. rt-PA didn't have intracranial bleeding or other possible complications and he fully recovered. Seizures and post-seizure events are common causes of SM, with recovery of neuronal function but one must have on mind a migraine without headache that may represent itself only with aphasia, rather than hemiplegia. In our patient epileptic activity was present after the complete recovery. However, diagnosis of SM is not so simple and requires thorough further clinical investigation.