

THE ROLE OF PATENT FORAMEN OVALE IN CRYPTOGENIC STROKE

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INTRODUCTION: One third of ischemic strokes have unknown etiology and these are classified as cryptogenic stroke. Paradoxal embolism due to patent foramen ovale (PFO) are detected in 40-50% of them. Recently, PFO is reported as a risk factor for all age groups. In this study, clinical and radiological features of stroke patients with PFO were evaluated.

MATERIAL AND METHODS: Ischemic stroke patients admitted to our clinics between 1st January 2011 and 31st December 2012 were evaluated retrospectively. Total 11 cases had PFO and their age, sex, risk factors, vasculitis, hypercoagulability tests, MR, MRA, transthoracic, transeosophageal echocardiography (TEE) findings and therapeutic approaches were recorded.

RESULTS: The age range of 7 male, 4 female patients were 20-60 years (43.09 ± 11.13 years). Hemiparesis (n:10), diplopia (n:2), hemianopsia (n:2), dysarthria (n:2) were the main findings and in their history there were hypertension (n:3), asthma (n:1), deep venous thrombosis (n:1) and smoking (n:4). Diffusion MR showed MCA (n:8) and PCA (n:3) infarctions. In 1 case, symptomatic severe carotid stenosis was found. In TEE, PFO was identified in 8 cases solely but in association with ASA aneurysm in 2 cases and ventricular hypokinesia and pulmonary arterial hypertension in 1. Antiplatelet therapy in 9 patients and percutaneous PFO closure operation in 2 patients were applied. In follow-up, no recurrent ischemic stroke was recorded.

CONCLUSION: We want to emphasize the importance of TEE in identifying potential cardioembolic sources not only in young but in all ischemic stroke patients with unknown etiology and to mention about controversial management options of PFO.