

A CASE OF LEPTOMENINGEAL METASTASIS MIMICKING A STROKE

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Introduction: For intravenous thrombolytic therapies must be made within 3hours from the onset symptoms. There is a differential diagnostic process to the abrupt onset of focal neurologic deficit that characterizes an acute stroke. However, time frame is short, a wide of conditions mimic a stroke, including seizure, migraine and even a other brain lesion, may sometimes be misdiagnosed as acute ischemic stroke.

Case Presentation: This case report describes a 36-year-old man who developed progressive left hemiparesis, facial palsy and global aphasia. He is left handed. The patient was hospitalized to rule out a cerebral vascular accident. The diagnosis of cranial palsy due to leptomenigeal metastasis was established with cytology and Brain MRI. And add to prior diagnosis, ictal spike was detected on EEG.

Conclusion: Leptomeningeal is rare clinical condition, this disease had shown, mental change, cranial palsy and a seizure, a variety of symptoms. We confused stroke with stroke mimic symptoms, the differences were not distinctive enough to allow assigning this patients to either of stroke patients.