Search for the embolic source: a patient with two consecutive stroke episodes

M. Tavsanli, C. Aktan, S. Ucler
Neurology, Saglik Bilimleri University Okmeydani Education and Research Hospital, Turkey

Case: 70 year-old male patient was seen in the emergency room with left hemi hypoesthesia, ataxia and cerebellar dysarthria and the cranial imaging showed right cerebellar acute lacunar infarct. Hypertension, hyperlipidemia and diabetes mellitus were present in the medical history of the patient. There was no significant stenosis in the carotid-vertebral arterial system. Electrocardiogram (EKG) and transthoracic echocardiography (TTE) revealed no significant pathology. Acetylsalicylic acid (ASA) 300 mg once a day was prescribed during the externation of the patient. One month later he was seen at the emergency department again with acute onset ataxia and the cranial imaging revealed a new lacunar infarct at the right side of the pons while under ASA treatment. Doppler, EKG and TTE were repeated but they revealed no significant pathology. We decided to perform transesophageal echocardiography (TEE) to reveal any cardio embolic source. The report of the TEE showed grade V atheroma at the aortic arch. Clopidogrel combined with ASA prescribed for the patient. Discussion: Atheroma of the aorta is a well-known risk factor for stroke and it increases the risk x4 times. In our case routine work-up and two separate TTE couldn't detect such a high grade atheroma at the arch and we were unable to detect the plaque until TEE was performed. In this poster we would like to discuss if it was possible to detect the atheroma with TTE or another technique in the first place and when and how should we expand our work-up to detect aortic atheroma.