

Ischemic Stroke as the First Manifestation of Hepatic Epithelioid Hemangioendothelioma

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A 38-year-old obese woman, with a past medical history of cholecystectomy and dyslipidaemia, presented with acute occipital headache, vomiting and rotational vertigo which lasted 8 hours. On admission neurological examination was unremarkable, however general physical examination revealed hepatomegaly. Routine blood tests showed abnormal liver function tests. MRI scan indicated an acute ischemic infarct in the right cerebellum. Extensive investigation was negative. However, liver MRI revealed multiple lesions in both liver lobes. Ultrasound guided liver biopsy and histopathological analysis confirmed the diagnosis of hepatic hemangioendothelioma. In conclusion, hypercoagulable state related to hepatic epithelioid hemangioendothelioma can lead to an ischemic stroke, as a rare first manifestation of the disease. **Key Words:** Cryptogenic stroke—cancer—hypercoagulable state—hepatic epithelioid hemangioendothelioma—Trousseau syndrome.

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Introduction

According to the Trial of Org 10172 in Acute Stroke Treatment classification, cryptogenic stroke or stroke of undetermined etiology is defined as brain infarction that is not attributable to a source of definite cardioembolism, large artery atherosclerosis, or small artery disease despite extensive vascular, cardiac, and serologic evaluation.¹

Cryptogenic stroke accounts for up to 40% of ischemic strokes in most modern stroke registries and databases.²

Identifying a unifying theory and mechanism for cryptogenic stroke is impossible. Paradoxical embolism secondary to patent foramen ovale,³ cardiac embolism secondary to paroxysmal atrial fibrillation,⁴ thrombophilia,⁵ and potentially inflammatory processes⁶ are some of the most important mechanisms that have been associated with cryptogenic stroke.

Cancer-related mechanisms have also been associated with cryptogenic stroke.⁷ We report for the first time in the bibliography a rare case of a patient with ischemic stroke as the first clinical manifestation of hepatic epithelioid hemangioendothelioma (HEH).

Case

A 38-year-old Caucasian obese woman presented to the emergency department of our hospital with acute occipital headache, vomiting, and rotational vertigo that lasted 8 hours. There was no previous history of headaches or vertigo. She had a previous history of cholecystectomy and dyslipidemia. She was not smoking or using any illicit substances, and she was not drinking alcohol heavily. She was not receiving any medication.

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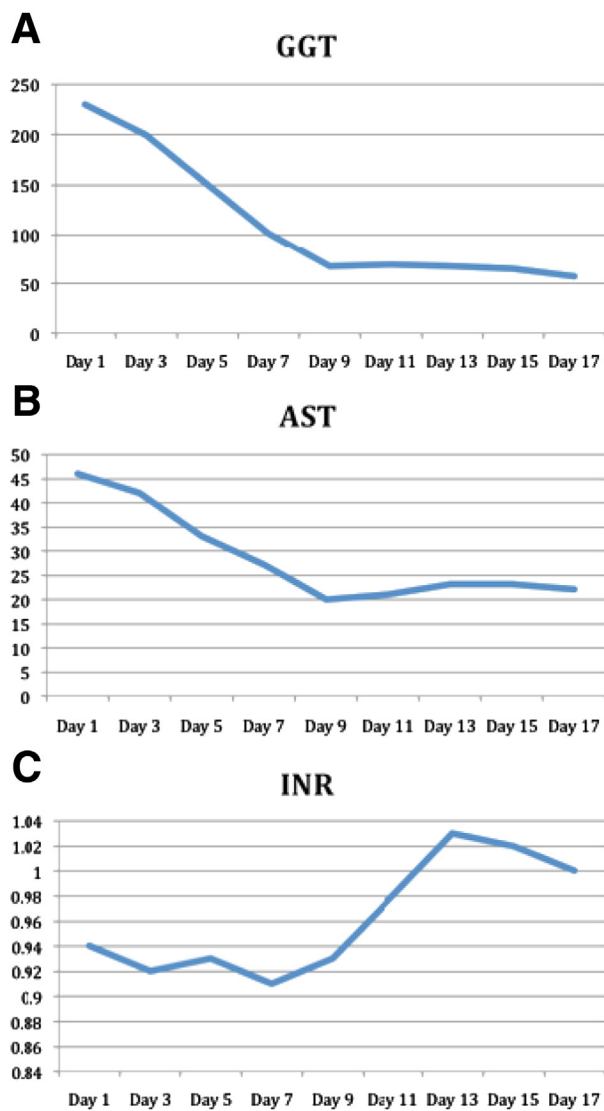


Figure 1. (A) Gamma-glutamyl transpeptidase level over days of hospitalization, in IU/L (normal values 4-37 IU/L). (B) Aspartate transaminase level over days of hospitalization, in IU/L (normal values 5-40 IU/L). (C) International normalized ratio over days of hospitalization.

On admission, neurologic examination was unremarkable; however, general physical examination revealed hepatomegaly. Routine blood tests showed elevated abnormal liver function tests (AST 46 IU/L, normal range 5-37 IU/L; ALT 67 IU/L, normal range 5-40 IU/L; GGT 230, normal range 7-49 IU/L) and international normalized ratio of .94 (Fig 1).

Cranial computerized tomography indicated an acute ischemic infarct in the right cerebellum. Magnetic resonance imaging (MRI) of the brain confirmed this finding (Fig 2). Further investigation, which included carotid and vertebral artery Doppler ultrasound, 24-hour Holter monitor, magnetic resonance angiography of the brain, and lumbar puncture, was negative. Transesophageal heart ultrasound did not reveal the presence of a left heart thrombus.

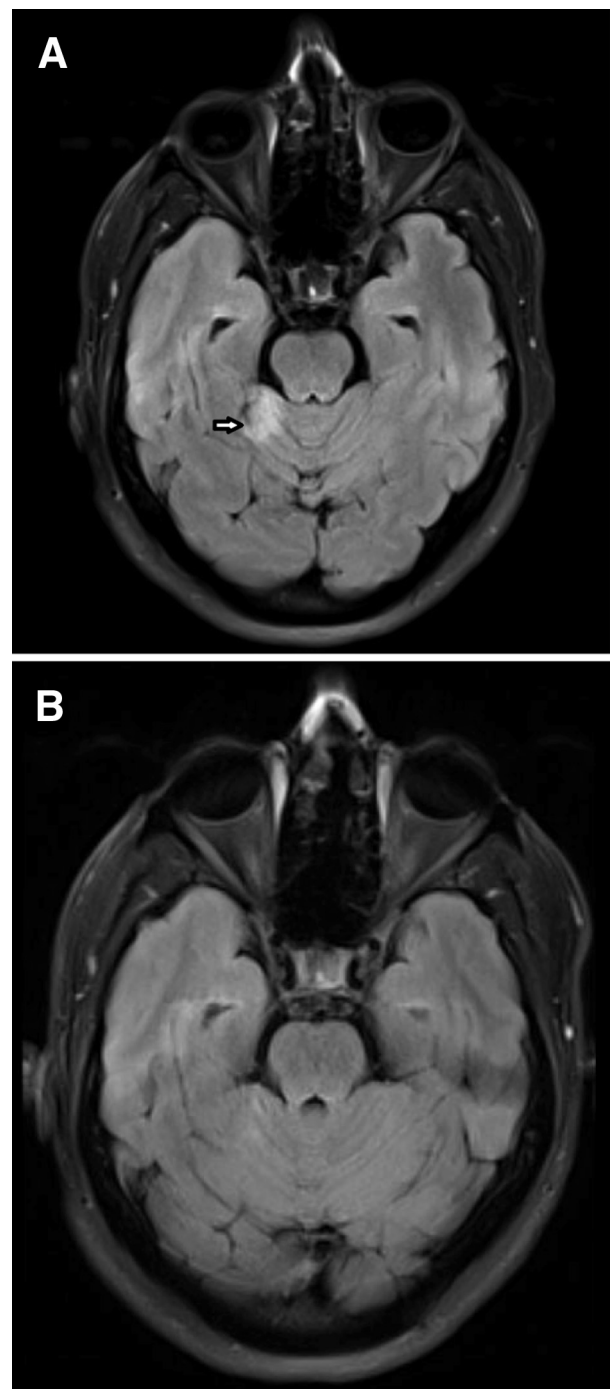


Figure 2. (A) Brain magnetic resonance imaging (MRI) indicating an ischemic infarct in the right cerebellum. (B) Brain MRI, 6 weeks later, confirming that the cerebellar lesion has the characteristics of an ischemic stroke, in its chronic phase.

The following autoantibodies were negative: antinuclear, anti-ds-DNA, anti-Sm, antimitochondrial, IgM and IgG anticardiolipins, anticitrullinated protein, rheumatoid factor, p-ANCA (perinuclear anti-neutrophil cytoplasmic antibodies), c-ANCA (cytoplasmic antineutrophil cytoplasmic antibodies), anti-TG (anti-thyroglobulin), and anti-TPO (anti-thyroid peroxidase). Serum complement

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