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Case Report

A lesion to learn: Stroke mimics☆

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ABSTRACT

Acute ischemic stroke with neurological deficit is a very debilitating condition, especially in younger patients. IV thrombolysis is the only effective treatment available in most of the centers across India. But delay in hospitalization and bleeding complications are major limitations. In addition to that, stroke mimics are another big problem. Correct identification of stroke mimics needs clinical expertise and imaging studies. Multiple studies indicate safety of thrombolysis in stroke mimics. Here, we are reporting a case to highlight this issue.

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1. Introduction

Acute ischemic stroke (AIS) with neurological deficit is a very debilitating condition, especially in younger patients. IV Thrombolysis is the only effective treatment available in most of the centers across India. But delay in hospitalization and bleeding complications are major limitations. In addition to that, stroke mimics are another big problem. The rate of false positive diagnosis of ischemic stroke labeled "stroke mimics" ranges from 1.3% to 25%.[1–3] Here, we are reporting a case to highlight this issue.

2. Case report

A 21-year-old right-handed female had history of sudden onset numbness and weakness of left side of body with slurring of speech and facial deviation on 14th December 2015 around 3.30 pm. She had a similar episode in the morning (14/12/15) at 10 am. NCCT head was normal (Fig. 1). She was thrombolyzed by IV tPA (0.9 mg/kg) within 2.5 h at an alternate center. Post-thrombolysis, she was improved but developed 2 episodes of seizure (GTCS) on the next day and was put on an antiepileptic. All routine investigations were normal. MRI showed patchy hyperintensities in right high parietal region involving cortical and subcortical white matter on T2, FLAIR, and DWI suggestive of acute infarct. She continued to have seizures.

She presented to our institute on 18th December 2015 for further treatment. She denied any accompanied symptoms like headache, sweating, seizure, blurring of vision, and loss of consciousness at the time of episode. She was diagnosed as PCOD and is on OCPs since last 1 year for the same. There was no history of atherosclerotic risk factors, such as smoking, diabetes, hypertension, or hyperlipidemia. On admission, her

☆ This is a case report from the Department of Neurology, Indraprastha Apollo Hospitals, New Delhi, India.

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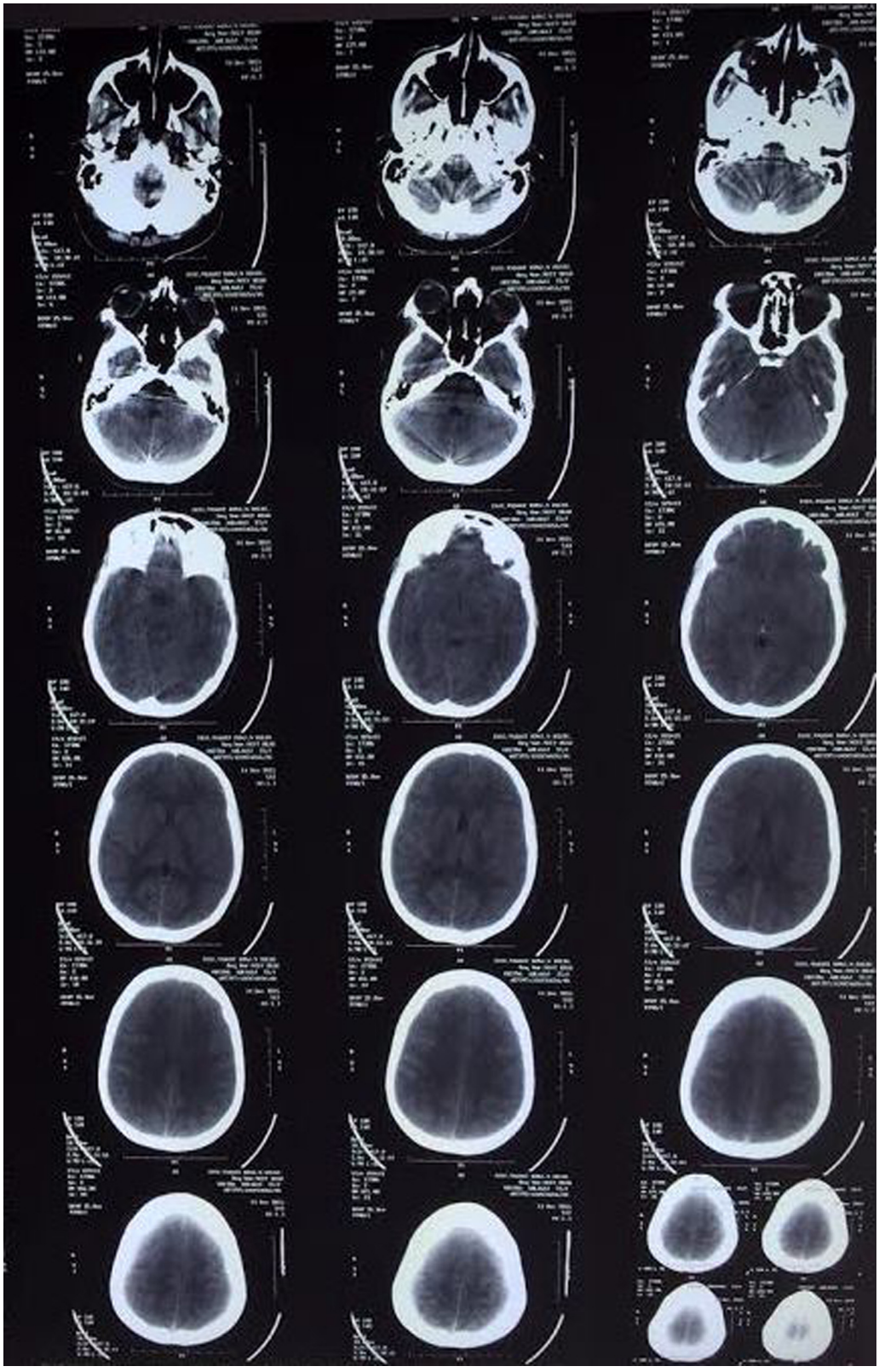

Fig. 1 – NCCT head.

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