A 42-Year-Old Woman With a History of Exertional Dyspnea, Severe Mitral Stenosis (mitral valve area, 0.9 cm²) Secondary to Rheumatic Heart Disease, and Atrial Fibrillation Was Admitted for Percutaneous Mitral Balloon Valvotomy, to Be Performed with the MultiTrack (NuMED) Single-Wire, Double-Balloon Device. After the Patient Underwent Transseptal Puncture During Cardiac Catheterization, Consciousness Became Impaired, Vertigo Developed, and Binocular Visual Loss Occurred. We Became Concerned About a Possible Acute Stroke, and Cerebral Angiography Was Performed, Revealing Total Occlusion of the Distal Basilar Artery, Which Suggested Acute Thrombosis (Panel A, Arrow; Video 1). Selective Intraarterial Thrombolysis (Panel B, Arrow; Video 2) Was Initiated 40 Minutes After the Ictus. Follow-up Cerebral Angiography Was Performed and Showed Resolution of the Occlusion (Panel C, Arrows; Video 3). Within 12 Hours of the Event, All Neurologic Abnormalities Had Resolved. The Patient Underwent Mitral-Valve Replacement at a Later Date.

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