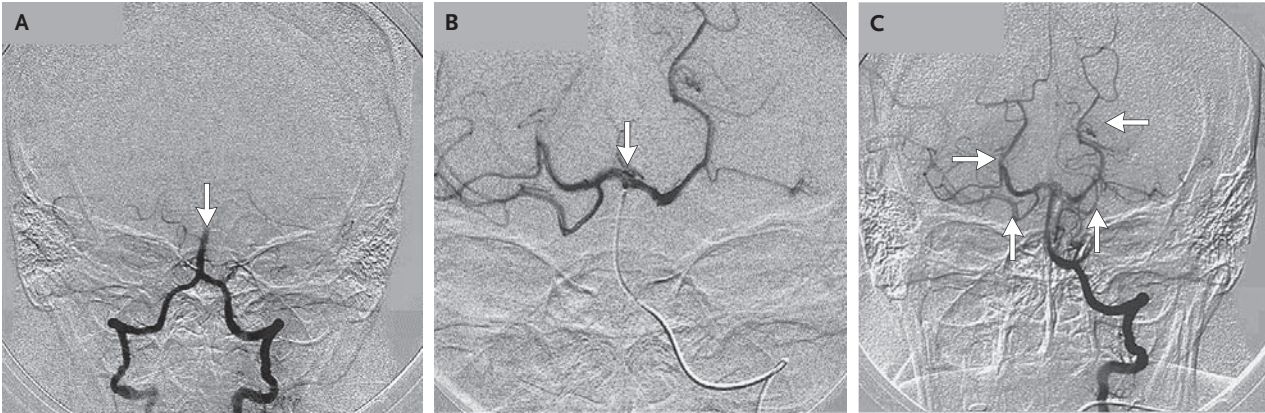


IMAGES IN CLINICAL MEDICINE

Selective Intraarterial Thrombolysis for Cardioembolic Stroke



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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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