



The 44th Annual International Congress of the
**EGYPTIAN SOCIETY OF
CARDIOLOGY**
CardioEgypt2017



Embolic Stroke

BY

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History

- Female patient 45 years old, married with 5 off-springs from Asyut
- DM on oral hypoglycemics
- No special habits
- No family history of medical importance



- She had Left sided weakness , inability to walk , difficult speech and mouth deviation of 2 months.

(picture of cerebrovascular stroke)

- She was referred to us for cardiac consultation and echocardiography



On Examination

- Patient was lying flat and comfortable in bed with GCS 15
- **Circumduction gait** (no flexion at knee and ankle and with each step is rotated away from the body then towards it forming a semicircle).



- **Pulse:** 80 b/m , regular , average volume , equal on both sides , with no special character and palpable peripheral pulsations
- **BP:** 130/80 mmHg on both sides
- **Temperature:** 37 °C
- **Respiratory rate:** 13 breath /minute



- Motor power , muscle tone , deep reflexes , superficial reflexes and sensation are normal on right side
- **On left side :**
- Motor power grade 3 of both proximal and distal muscles , hypertonia of flexor muscles of upper and lower limbs , exaggerated deep reflexes , positive Babiniski sign, normal sensation



Cardiac examination

Inspection and palpation:

Apex is seen and palpated in the fifth left I.C.S inside the mid-clavicular line

It is localized, ill-sustained ,not forceful with no palpable thrills

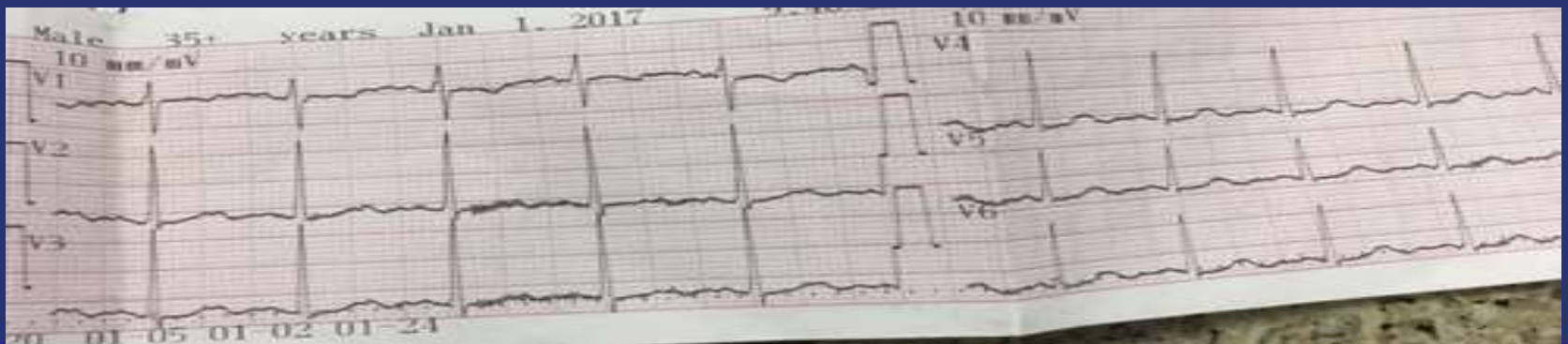
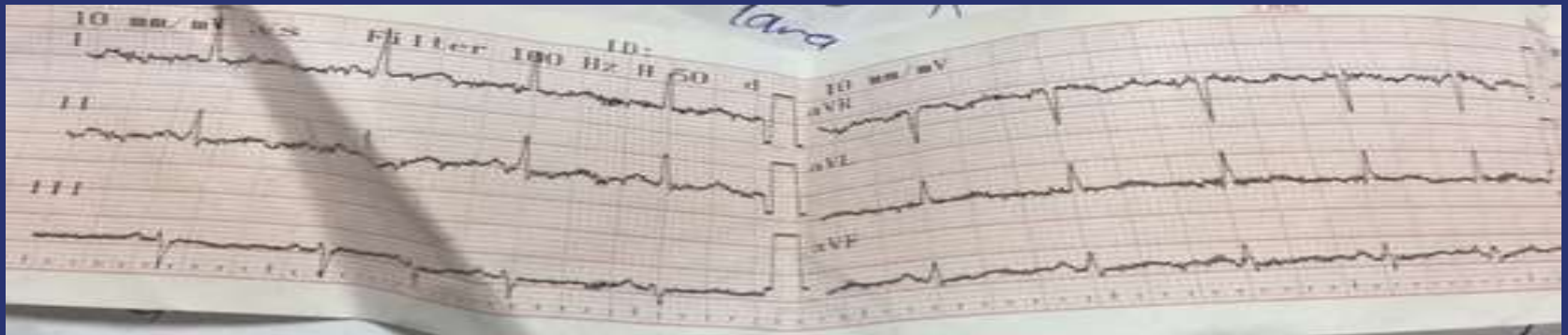
Auscultation :

Normal S1 & S2 with no adventitious sounds nor murmurs



ECG

Sinus rhythm , normal axis , tall R in V₂,
depressed ST segment V₄-V₆



Lab investigations

INR: 1.0

PC: 100%

Cr: 0.5 mg/dl

Hb: 14 g/dl

WBCs: 8,000 /mm³

Platelets: 232,000/ mm³

Na: 136 mEq/L

K: 4.7 mEq/L



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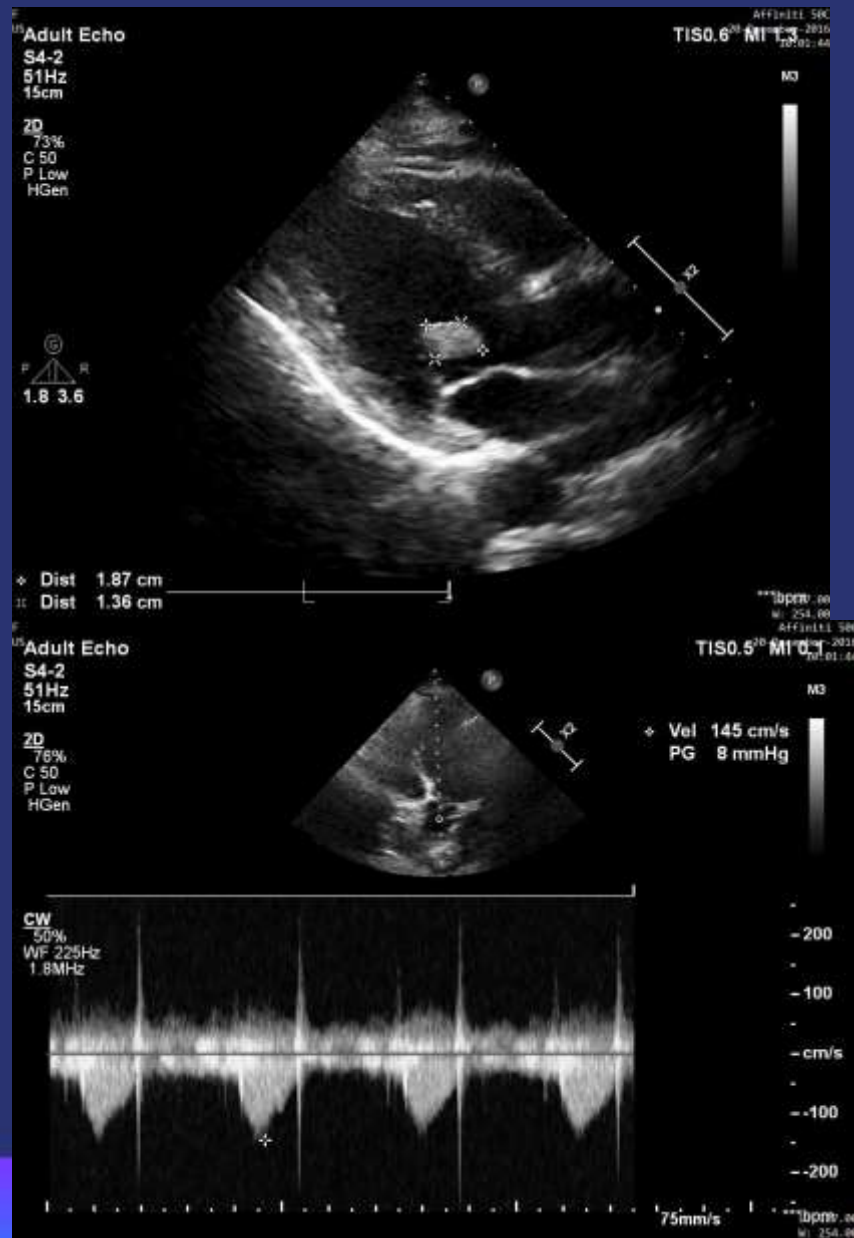
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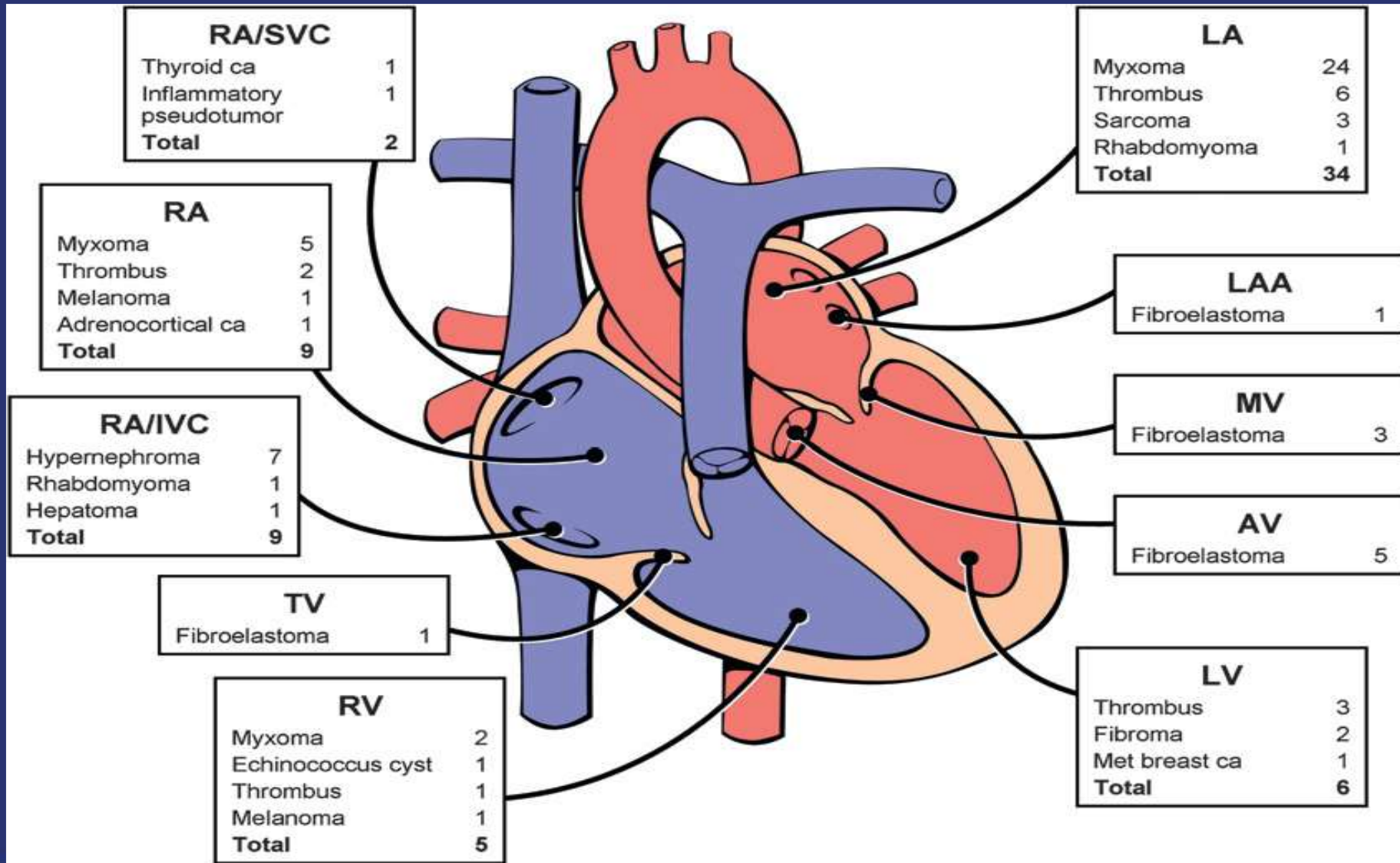
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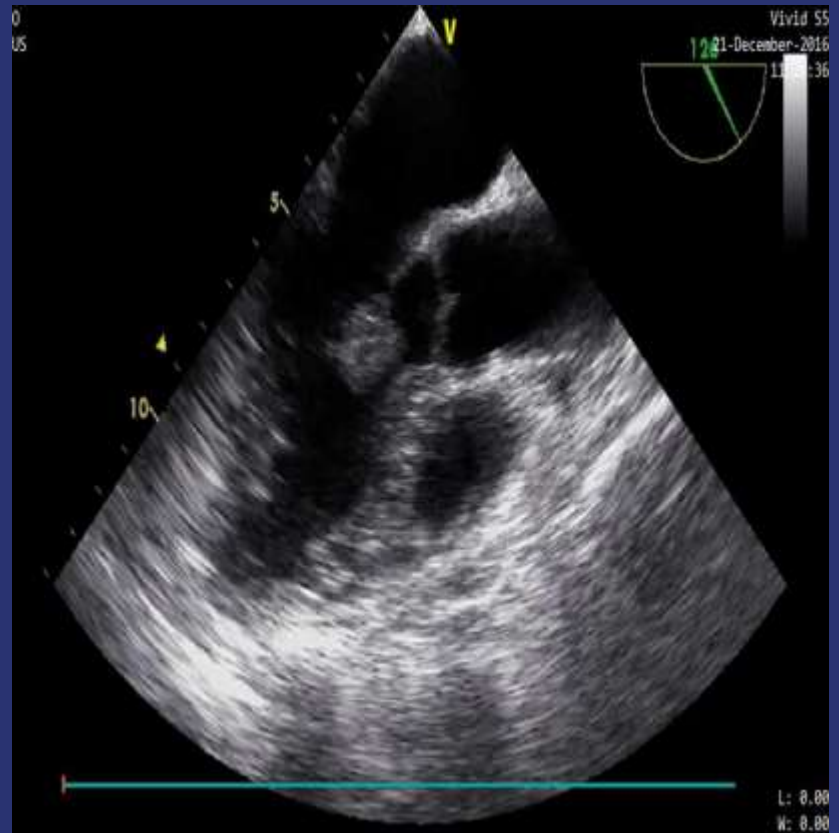
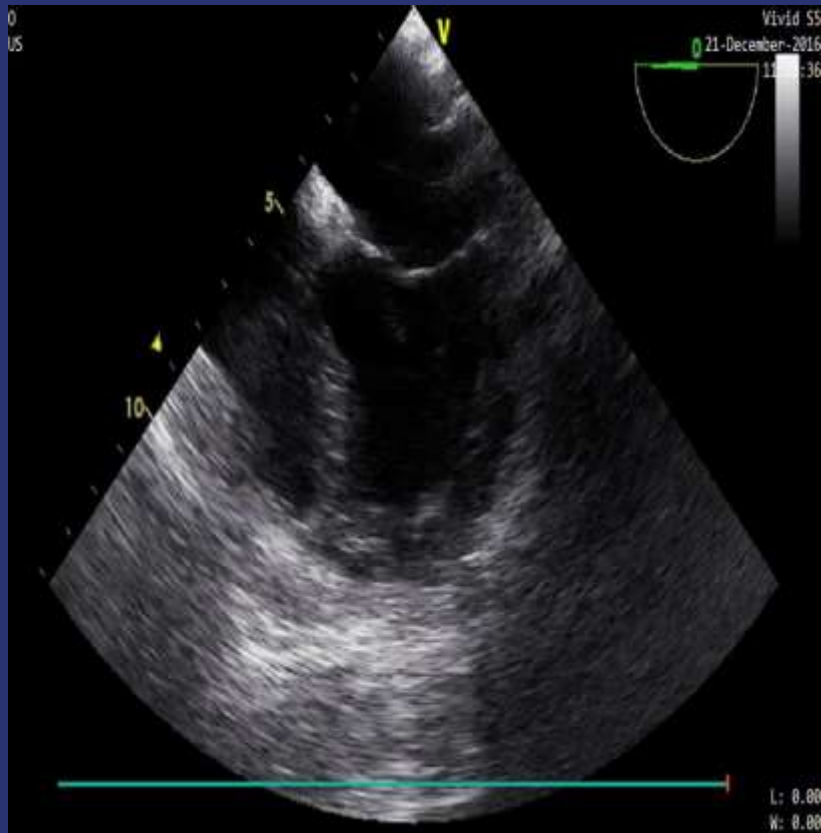
Differential diagnosis

- Primary benign or malignant tumors
- Vegetation.
- LV thrombus.
- Metastasis.





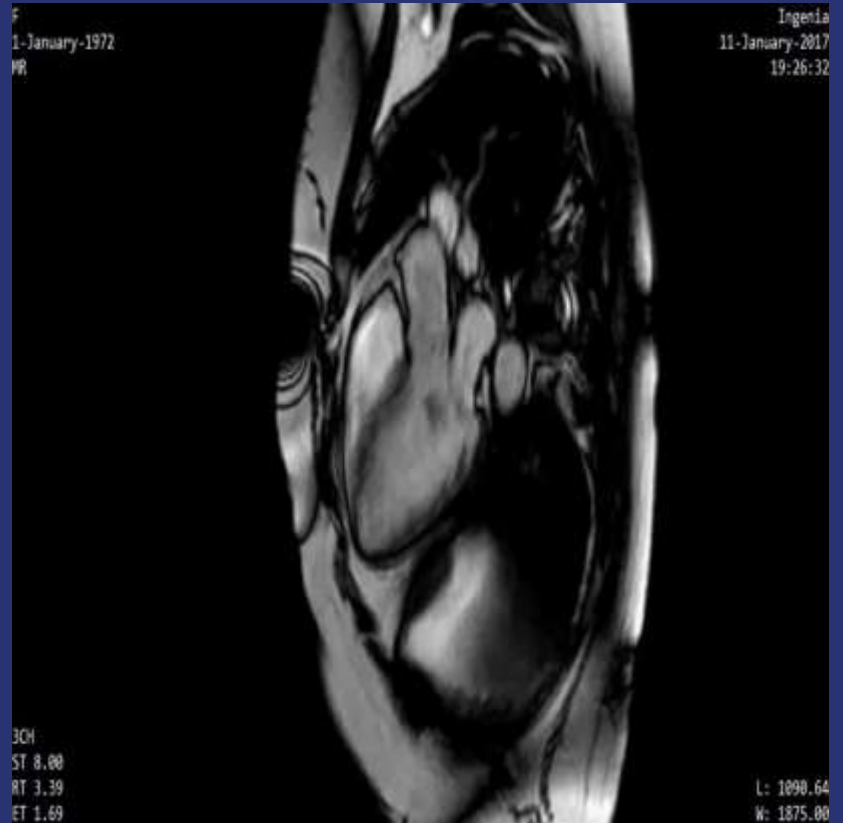
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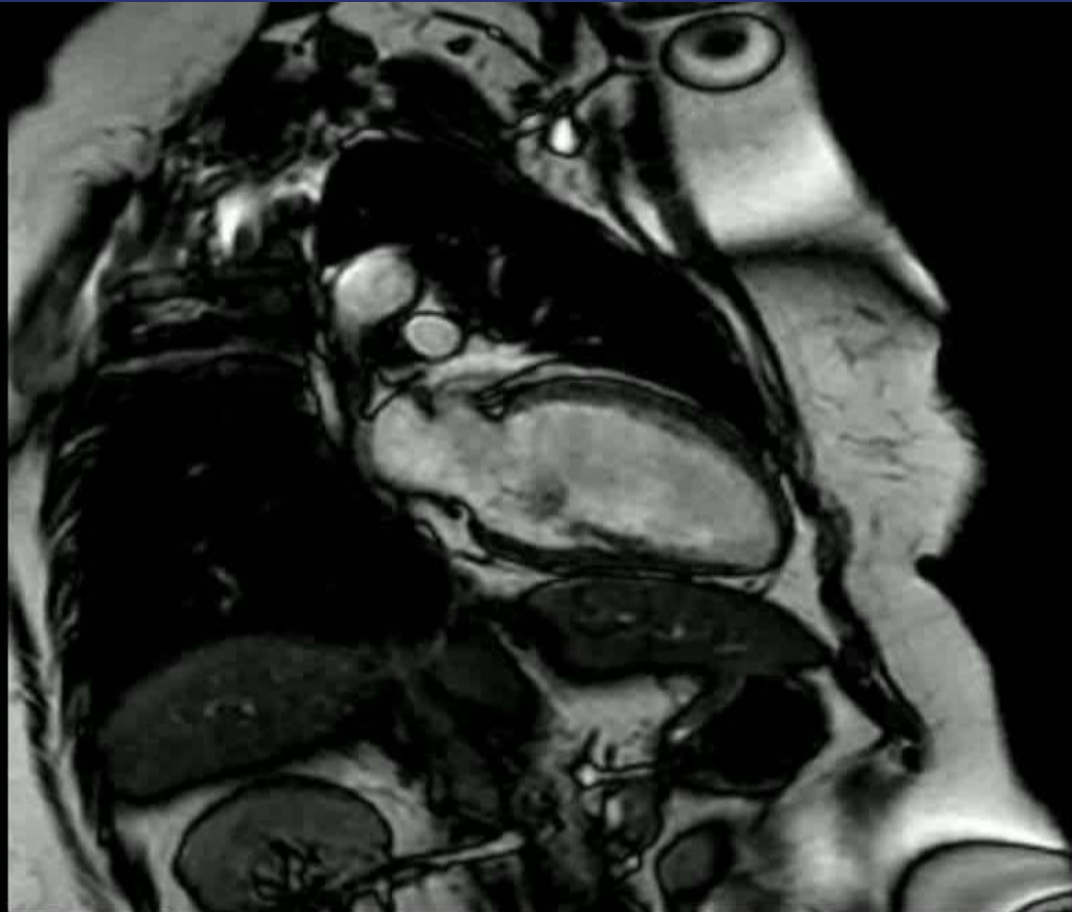
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MR

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ST 8.00
RT 3.39
ET 1.69

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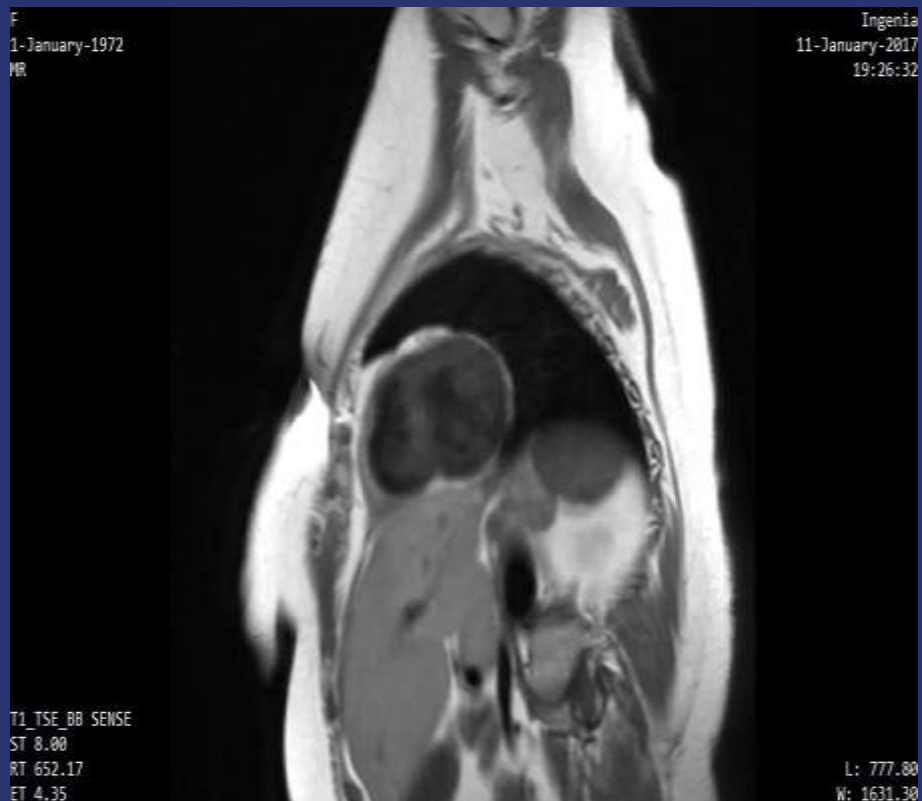


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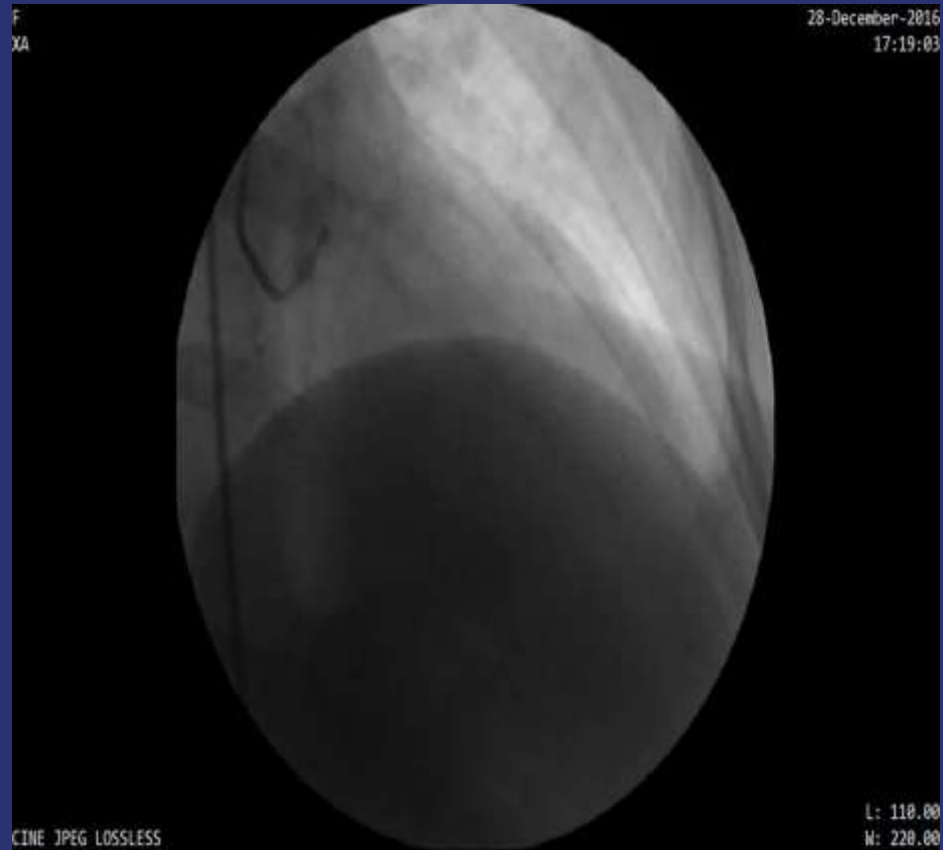
Late enhancement



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CA



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Surgical excision with MVR
and LIMA to LAD was done



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Mass

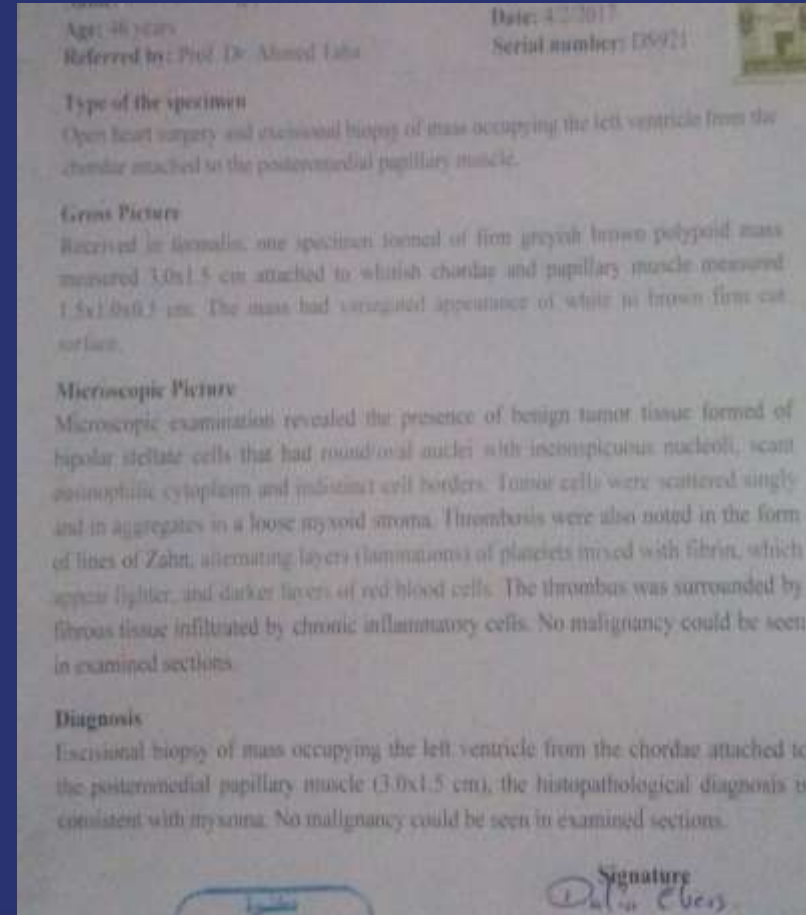


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Histopathology

- Histopathological diagnosis was consistent with **Myxoma**, with no malignancy cells could be seen in the examined sections



In summary

- Presentation of Myxoma varies depending on its size, location, and mobility.
- The majority of the patients will present with at least one of the classic triad of obstructive cardiac, embolic, and constitutional or systemic signs
- 83% of cardiac myxomas occur in the left atrium



*Left ventricular myxomas account
for 2.5% of all cardiac myxoma
cases*



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In summary

- The majority (>90%) of myxomas are solitary, although multiple synchronous cardiac myxomas can occur, especially in the setting of Carney syndrome
- CMR helps in accurate assessment of the location, attachment site and tissue characterization of intra-cardiac masses
- The treatment of symptomatic cardiac myxoma is prompt surgical resection of the tumor.



THANKS



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