

An Uncommon Cardiac Cause of Fatal Cerebral Stroke

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Clinical Image

A 47-year-old man was diagnosed with a multi-resistant pulmonary tuberculosis infection ten months prior. He underwent intensive antibiotic therapy for three months during hospitalization, with favorable clinical course and was declared cured. He was then referred to the cardiology department due to atypical chest pain. Upon examination, the man was found to have a normal neurological state, with normal vital signs. The electrocardiogram was normal with a regular sinus rhythm. Transthoracic echocardiography revealed normal left and right ventricular function, no significant valvular disease, but a rounded, mobile mass measuring 10x10 mm on the leading edge of the right coronary cusp (Figure 1). Blood cultures were performed to determine if the mass was a result of tuberculosis endocarditis or a benign aortic tumor such as a papillary fibroelastoma, but the results were negative. Endocarditis was considered unlikely due to the absence of fever, valvular regurgitation or bacteremia. The patient was referred for cardiac surgery. But during hospitalization, the patient suddenly lost consciousness and was found to have a Glasgow coma scale of 4/16. The patient was immediately placed on mechanical ventilation, and a cerebral CT scan was performed. The scan showed multiple massive ischemic strokes. However, as there was no neurological interventional radiology unit available, fibrinolysis was not a viable option due to the risk of major hemorrhage. An echocardiogram was performed, which showed that the mass on the aortic valve was no longer present, leading to the conclusion that the papillary fibroelastoma had completely embolized. Unfortunately, the patient died 12 hours after secondary to the massive and multiple strokes.

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Contributors

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Statement Consent

Written consent for publication was obtained from the patient.

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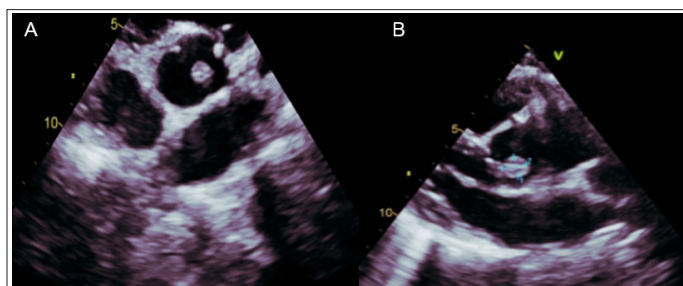


Figure 1: Transthoracic echocardiography showing a round well defined mass on the aortic valve

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