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A Case Report of Acute Ischemic Stroke with ST-Elevation Myocardial Infarction in the Emergency Department (ED)

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Background: Simultaneous cardiocerebral infarction (CCI) is a rare occurrence of acute ischemic stroke and acute myocardial infarction. The treatment of the former can compromise the latter and the contrary.

Case History: A previously healthy 76 years old man arrived in ED with dysarthria and dysphagia, left hemiparesis started two hours earlier. Epigastrial and retrosternal pain began a few days before. Arterial pressure was 110/70mmhg, glycemia 107 mg/dl; ECG showed ST elevation in anterolateral derivations;NIHSS was 14. Brain angioCT and angioRMN showed loss of both vertebral vessels, chest angioCT was negative for dissections. The echocardiography showed severely reduced ejection fraction with unknown before akinesia of the apex; tnThs was 8591pg/ml. The patient underwent fibrinolytic therapy with alteplase, early on he was intubated due to clinical worsening and cardiogenic pulmonary edema. He was admitted in ICU.

Discussion: CCI in a simultaneous way is a time-depending emergency for clinicians. Prior coronarography could be complicated by cerebral hemorrhage due to antiquated/anticoagulant drugs of PCI. According to 2018 ASA/AHA guidelines,it is appropriate to make fibrinolysis before performing coronary angiography with PCI if possible (II a). Further trials are needed to evaluate the optimal management of this rare co-occurrence.

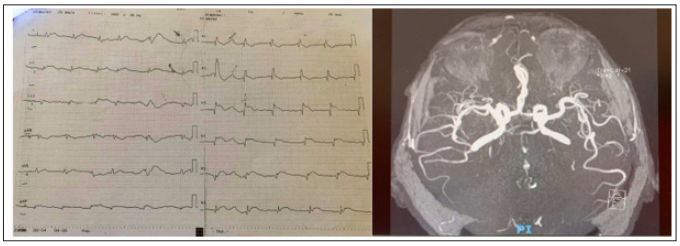

Figure 1: Electrocardiogram: Anterolateral STEMI; Brain Magnetic Resonance Angiography: Loss of both Vertebral Vessels

Reference

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