

CR65 Pulmonary embolism as a cause of cardiac arrest in a patient after a stroke


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DOI: <https://doi.org/10.26800/LV-145-supl2-CR65>

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KEYWORDS: cardiopulmonary resuscitation; pulmonary embolism; stroke; thrombolysis

INTRODUCTION/OBJECTIVES: Stroke is a medical condition in which the blood supply to the brain is interrupted or reduced. Early in-hospital complications following a stroke are not only pneumonia, increased intracranial pressure and intracerebral bleeding, but also pulmonary embolism (PE). The main cause of PE is venous thromboembolism developed in a paralyzed lower extremity after a stroke.

CASE PRESENTATION: A 53-year-old male patient presented to our neurological emergency room with a clinical presentation of left-sided hemiparesis which was consistent with a cerebrovascular accident. Therefore, the patient was treated with thrombolysis using 70 mg of alteplase. Standard multi-slice computer tomography (MSCT) angiography revealed an embolus in the basilar artery, so surgical thrombectomy of the occluded artery was performed and the patient was subsequently stable. After 7 days, the patient suffered respiratory arrest, followed by cardiac arrest. Following a successful cardiopulmonary resuscitation with 8 mg of adrenaline administered, the patient underwent MSCT pulmonary angiography which unveiled a massive pulmonary embolism. Consequently, a bolus of 5000 IU of heparin was administered and the patient was transferred to an intensive care unit with blood pressure values of 120/80 mmHg and a heart rate of 100/min. The patient was stable and after 7 days was released home with anticoagulant therapy.

CONCLUSION: Even though the incidence of pulmonary embolism in a patient after a stroke is estimated to be around 1%, it has been accounted for over 50% of early deaths following a stroke. Therefore, the importance of thromboprophylaxis after a stroke is one of the quality measures in many stroke units around the world.


CR66 Rare complications of Sjögren's syndrome in a female patient

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DOI: <https://doi.org/10.26800/LV-145-supl2-CR66>

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KEYWORDS: central nervous system; congenital heart block; Sjögren's syndrome; SSA-antibodies

INTRODUCTION/OBJECTIVES: Sjögren's syndrome (SjS) is a systemic autoimmune disease, most common in middle-aged women, characterized by chronic inflammation of exocrine glands. It can present by itself or alongside other autoimmune diseases. Main symptoms are dry eyes and mouth, but the disease can affect joints, lungs, kidneys, peripheral nervous system (PNS), and rarely central nervous system (CNS). SS-A antibodies in SjS can pass the fetoplacental barrier and cause congenital heart block. Patients with SjS are at higher risk of developing lymphoma.

CASE PRESENTATION: We present a case of a 40-year-old woman who was diagnosed with SjS in 2009, presenting with dry eyes and mouth, arthritis, alongside vasculitis i.e. purpura of the shins. She was treated with prednisone and chloroquine. In 2008 she gave birth to a child with complete atrioventricular block. Recently she complained of foot numbness without motor weakness. Now she was hospitalized due to symptoms of meningoencephalitis. Cerebrospinal fluid (CSF) analysis was positive for oligoclonal bands. CSF, urine, and blood cultures were sterile. MRI showed pathomorphological findings in cauda equina. Neuropathy of thin sensory and motor fibers was found on electromyoneurography. The patient was treated with antibiotics, methylprednisolone, intravenous immunoglobulins, and supportive measures. She recovered completely and azathioprine was introduced for maintaining remission.

CONCLUSION: Overall nervous system manifestations are described in 20% of patients with primary SjS, but CNS manifestations are described rarely. Congenital heart block is described in 2% of the pregnancies in mothers with SS-A antibodies. With timely introduction of immunosuppressants the conditions are treatable and preventable.