

Early reperfusion therapy in acute ischemic stroke after recent myocardial infarction

Otimizando os benefícios da terapia de reperfusão precoce no AVC agudo após infarto agudo do miocárdio

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A 50-year-old woman with recent myocardial infarction (MI), presented right hemiparesis with aphasia (National Institutes of Health Stroke Scale: 18), 24 hours after the coronary angiogram that revealed a large apical thrombus (Figure 1A). Computed tomography demonstrated left middle cerebral artery (MCA) "dot" sign (Figure 1B). Angiography showed occlusion in the MCA

second segment (Figure 1C) with recanalization after mechanical thrombectomy (Figure 1D). She presented a complete recovery (Rankin: 0) and after 9 days she was discharged with oral anticoagulation. Recent MI within previous 3 months is a contraindication to IV thrombolysis (myocardial rupture)^{1,2}. Mechanical thrombolysis seems to be a safe and effective alternative in this situation^{3,4,5}.

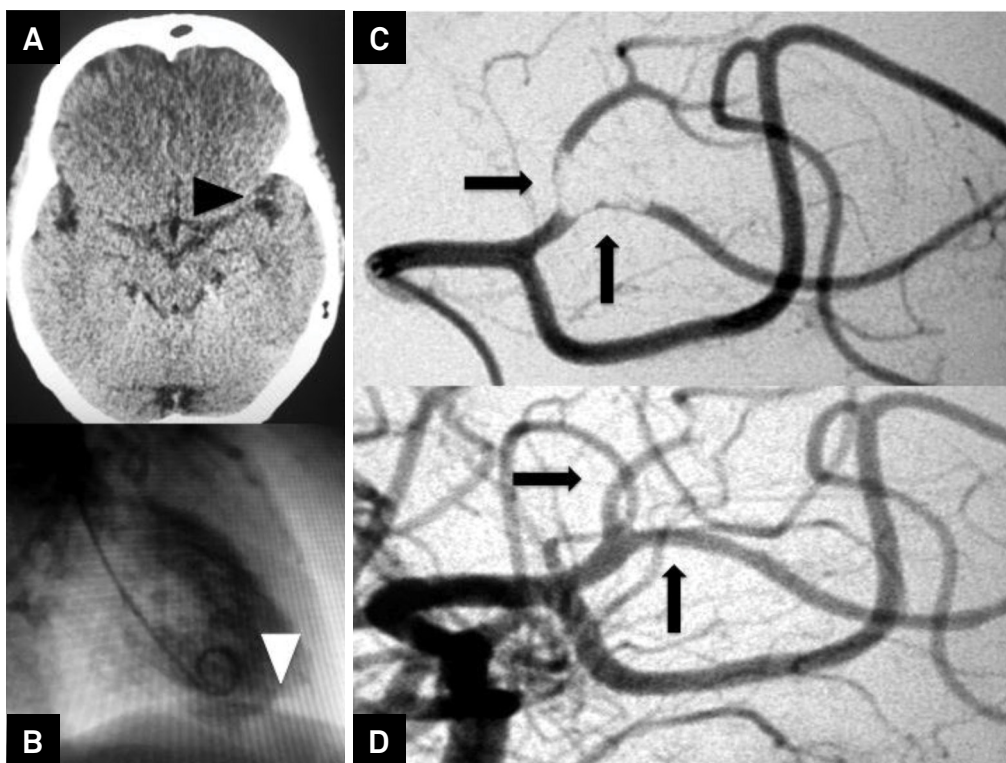


Figure 1. (A) Computed tomography demonstrated a left middle cerebral artery "dot" sign (arrowhead); (B) Coronary angiogram revealed an apical myocardial dysfunction with a large thrombus; (C) Cerebral angiogram demonstrated an occlusion; (D) Recanalization after an endovascular procedure using a mechanical device (Penumbra system).

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