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A CASE OF ACUTE ISCHEMIC STROKE WITH P/O NEUROFIBROMATOSIS

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ABSTRACT

Background: In this pandemic era, we as clinicians are encountering a high number of illnesses and their sequelae ranging from benign illnesses to long term CNS involvement. We report one such treated case of Acute Ischemic Stroke With P/O Neurofibromatosis with positive family history. **Case Description:** An 9 yrs 10 months old male child came to OPD with complain of headache and vomiting with upper limb and lower limb weakness and deviation of mouth towards left side. On examination, the patient was vitally stable and had multiple café au lait macules noted on trunk with positive family history of neurofibromatosis. Investigations were sent as per standard protocol with normal ANCA, ANA and HPLC levels. MRI angio was suggestive of block in Left MCA territory and hyperacute infarct in left temporoparietal region. Patient was started on T. Aspirin and Neuro Paediatric refer was done. Patient's relative was counselled for fundus examination and genetic karyotyping for further work up but they refused. The patient was then discharged on T. Aspirin with advice of follow up in neuro paediatric OPD. **Conclusion:** The prevalence of cerebral arteriopathies in neurofibromas is 6%. The cerebral vessels may develop aneurysms or stenosis. Patient with NF-1 are at higher risk of developing stroke at young age. Because of unpredictable complications associated with NF-1, close follow-up is necessary.

KEYWORDS : Neurofibromatosis, Acute Ischemic Stroke, T. Aspirin, Genetic Karyotyping

INTRODUCTION

In this pandemic era, we as clinicians are encountering a high number of illnesses and their sequelae ranging from benign illnesses to long term CNS involvement. We report one such treated case of Acute Ischemic Stroke With P/O Neurofibromatosis with positive family history.

Case Report

An 9 year 10 months old male child came to OPD with complain of headache and vomiting with upper limb and lower limb weakness and deviation of mouth towards left side. On examination, the patient was vitally stable and had multiple café au lait macules (image 1) noted on trunk with positive family history of neurofibromatosis. Investigations were sent as per standard protocol with normal ANCA, ANA and HPLC levels. MRI angio was suggestive of block in Left MCA territory and hyperacute infarct in left temporoparietal region. Patient was started on T. Aspirin and Neuro Paediatric refer was done. Patient's relative was counselled for fundus examination and genetic karyotyping for further work up but they refused. The patient was then discharged on T. Aspirin with advice of follow up in neuro paediatric OPD.

Image 1: Café Au Lait Macules

DISCUSSION

Neurofibromatosis type 1 is an autosomal dominant genetic disorder with multisystemL manifestation including vascular abnormalities. In patients with NF1, the prevalence of stroke were elevated when compered with non-NF1 individuals. This was primarily because of a significantly higher incidence of haemorrhagic stroke subtype (ICH and SAH), whereas the prevalence of ischemic stroke were higher only among children with NF1.

CONCLUSION

The prevalence of cerebral arteriopathies in neurofibromas is 6%. The cerebral vessels may develop aneurysms or stenosis. Patient with NF-1 are at higher risk of developing stroke at young age. Because of unpredictable complications associated with NF-1, close follow-up is necessary.

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