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A rare case of bilateral thalamic stroke in a young pregnant woman diagnosed and managed in a tertiary care center: A case report

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Introduction

Diagnosis and management of stroke in pregnancy is challenging. Pregnancy seems to raise the risk, especially during the peripartum phase. Prompt referral and timely investigations are crucial if stroke is suspected during pregnancy to ensure that women to initiate appropriate treatment. We report a rare case of young stroke diagnosed with artery of Percheron infarct diagnosed and managed with good obstetric outcome in our institute.

25 years/ G1/ 7 weeks – Sudden onset of unconscious by her husband at home.
Loss of bowel and bladder control
Non specific headache on and off for 1 month.
No history of fever ,migraine, surgery, trauma ,seizure disorder
No other medical comorbidities/ addictions /medications
Menstrual history- regular
Married life – 4years
Conception -spontaneous
O/e GCS was E1V2M5 improved -> E3V3M5.
Cranial nerves – vertical gaze palsy
Sensory and motor system couldn't be assesed
Vitals were stable.
MR Venogram- Acute infarct in bilateral thalamus in midbrain -involvement of Artery of Percheron.
Started on Aspirin 325 mg and Clopidogrel 75mg OD.
After 48 hours –
she was oriented to person but not to time and place.
Slurring of speech, Vertical gaze palsy and anterograde amnesia were noted , but there was no weakness of limbs .
Echo and transcranial doppler were normal.
Discharged on Aspirin 150 mg which was continued till induction of labor. T. Clopidogrel 75 mg OD was stopped after 3 months of the event.
Regular antenatal visits- 11 visits
Gestational diabetes mellitus at 7 months of gestation and was started on injection Mixtard 6-0-0.
Diagnosis: Young stroke in a Primi gravida involving bilateral thalamus.

Antepartum- Induced in view of GDMA2 and FGR with Foley
Intrapartum-Spontaneously progressed and delivered female baby of weight 2.32 kg.
Postpartum – Copper T inserted ,restarted on Aspirin 75 mg HS.

Investigations	
P ANCA, C ANCA	(-)
UnRNP	1+
Ro/ La / Sm	(-)
dsDNA	(-)
Hb / plt	9/ 3.4
LFT	N
TSH	0.7
PT INR	10.6 /0.9

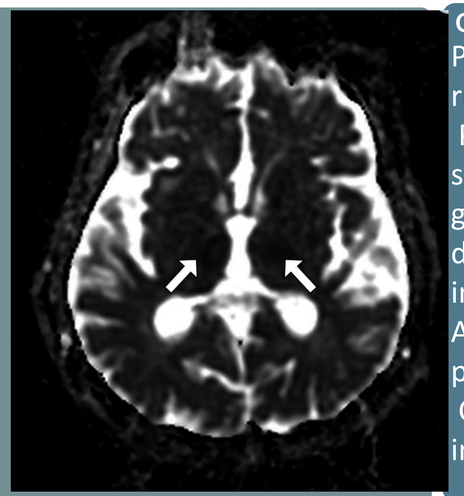

Figure 2- MRI ADC map image of the brain shows decreased diffusion in both thalami

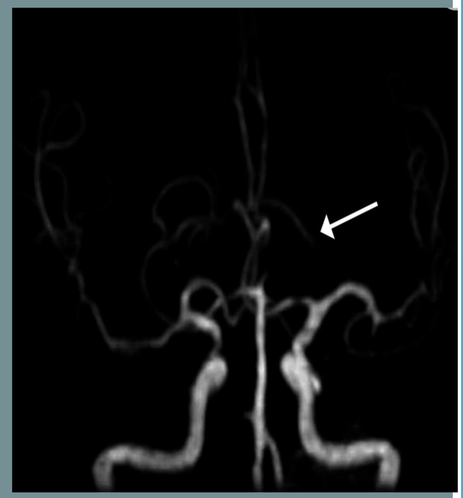

Figure1-. MRA image shows an abrupt cutoff of flow in an artery arising from the left posterior cerebral artery (arrow)

Conclusion

Pregnancy being a hypercoagulable state is a risk factor for developing stroke.
Pregnant patient with poor GCS, stroke should be kept as DDx Young stroke can have good outcomes in pregnancy if timely diagnosis and management are done involving a MDT.
Antiplatelet therapy and supportive therapy play a major role
Caesarean section is only for obstetric indication

Discussion:

Paramedian thalamus-Artery of Percheron, an anatomic variant. Occlusion of this artery ->bilateral thalamic infarction
MRI remains the diagnostic method of choice for an accurate and reliable diagnosis[2]. However, even with the absence of abnormalities on magnetic resonance angiography, the diagnosis of artery of Percheron should be considered, particularly in patients with altered sensorium and bilateral thalamic infarcts.
DDx-Cerebralvenousthrombosis,Japanese encephalitis or Westnile encephalitis fever, can also manifest as bithalamic lesions.

Predispositions to strokes, such as eclampsia, PRES, CVT and HELLP syndrome[3]. In the present scenario

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