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CLINICAL PARTICULARITIES REGARDING REHABILITATION TREATMENT OF A YOUNG PATIENT WITH RIGHT PONTINE ISCHEMIC STROKE, RESULTING IN DYSARTHRIA AND LEFT SIDE BRACHIAL AND CRURAL HEMIPARESIS, AND QUITE RECENT COVID-19 HISTORY

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Abstract

Introduction. Cerebrovascular attacks are one of the leading causes of mortality and morbidity in the world. The most severe are considered to be pontine strokes, because of the high risk of vital functions impairment. The clinical presentation of a pontine stroke can vary from the classical crossed syndrome (ipsilateral cranial nerve palsy and contralateral motor and/or sensory impairment) to pure motor hemiplegia or pure sensory stroke, which are less common.

Material and method. This presentation describes the case of a 39-year-old patient with a recent history of untreated SARS-COV 2 infection that was followed in the next month by a sudden onset of facial paralysis, dysarthria and a progressive left hemiplegia. The patient's functional status was assessed in our Neuromuscular Clinical Division and he underwent a rehabilitation program consisting of physical, occupational and speech therapies. Multidisciplinary efforts were made in order to find the underlying cause of the pontine ischemic stroke.

Results. The patient had a personal history of cardiovascular disease risk factors (essential hypertension and hyperlipidaemia), without other pathological brain imagining outcomes and normal bleeding tests. The suspicion of an interatrial communication was raised. The patient managed to rapidly maintain the standing posture and to practice walking with unilateral support. At discharge, the facial paralysis and dysarthria were almost completely remitted. The left brachial extremity also showed signs of improvement, as the patient was able to perform flexion and extension movements of the fingers, wrist and forearm.

Conclusions. To conclude, the patient's evolution was favourable, although the certain cause of the underlying stroke has not been clarified. The neurological complications of COVID-19 include ischemic strokes, and cases were reported in young adults too. If this were the case, prevention of further cerebrovascular attacks and their complications is necessary. Caution in terms of medium/long-term prophylactic anticoagulant therapy and careful control of associated cardiovascular disease risk factors has been proposed and discussed in the multidisciplinary team: rehabilitation physician, neurologist, cardiologist.