Ischemic stroke due to a calcified embolus from the mitral annular valve

Figure CT imaging

First CT (A) demonstrates an old lacunar unrelated infarction. Second CT (B) shows hyperacute stroke and small calcification in the left sylvian fissure, maintaining its position on the subsequent CT (C). First transesophageal echocardiography (TEE) (D) shows a hyperechoic mass attached to the posterior mitral leaflet, disappearing in second TEE (E).

A 68-year-old woman was admitted with an acute internuclear ophthalmoplegia. The first brain CT (figure, A) was unremarkable. Transesophageal echocardiography (TEE) demonstrated a mobile mass, attached to the posterior mitral valve leaflet (figure, D). The onset of sudden dysphasia prompted CT imaging, revealing a left temporo-parietal stroke and a small calcification in the left sylvian fissure (figure, B and C), compatible with the mitral valve mass on the first TEE. A repeat TEE showed absence of the mass (figure, E). The association between mitral annulus calcification and stroke has been described,^{1,2} but this case strongly supports a causal relationship based on sequential in vivo imaging.

M. Herskovitz, MD, G. Telman, MD, S. Carasso, MD, A. Symonovitz, MD, D. Goldsher, MD, Haifa, Israel

Author contributions: M. Herskovitz: design and conceptualization. G. Telman: design and conceptualization. S. Carasso: interpretation of data, revising of paper. A. Symonovitz: interpretation of data. D. Goldsher: interpretation of data, drafting and revising of the manuscript.

Disclosure: The authors report no disclosures.

Correspondence & reprint requests to: dgoldsher@rambam.health.gov.il

REFERENCES

1. Adler Y, Fink N, Spector D, Wiser I, Sagie A. Mitral annulus calcification—a window to diffuse atherosclerosis of the vascular system. *Atherosclerosis* 2001;155:1–8.
2. Mohammadkhani M, Schaefer P, Koroshetz W, Hedley-Whyte ET. Mitral annulus calcareous brain emboli. *Neurology* 2000;54:817.

Neurology®

Ischemic stroke due to a calcified embolus from the mitral annular valve

M. Herskovitz, G. Telman, S. Carasso, et al.

Neurology 2012;78;931

DOI 10.1212/WNL.0b013e31824c46f5

This information is current as of March 19, 2012

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/78/12/931.full>

References

This article cites 2 articles, 1 of which you can access for free at:
<http://n.neurology.org/content/78/12/931.full#ref-list-1>

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):
All Cerebrovascular disease/Stroke
http://n.neurology.org/cgi/collection/all_cerebrovascular_disease_stroke
Cardiac
<http://n.neurology.org/cgi/collection/cardiac>
CT
<http://n.neurology.org/cgi/collection/ct>
Embolism
<http://n.neurology.org/cgi/collection/embolism>
Infarction
<http://n.neurology.org/cgi/collection/infarction>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:
<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright Copyright © 2012 by AAN Enterprises, Inc.. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.