Stroke MRI May Result in a Therapeutic Dilemma

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Dear Sir,

A 68-year-old man with a past history of hypertension, diabetes mellitus and nonvalvular atrial fibrillation, developed an acute left ataxic hemiparesis and dysar-

thria. CT scan revealed a deep right capsular hemorrhage. Diffusion-weighted MRI showed a white matter area of recent ischemia (fig. 1a) and T₂*-weighted gradient-

echo sequence disclosed old microbleeds (fig. 1b). The occurrence of acute primary hemorrhage and multiple ischemic damage may result in a therapeutic dilemma, although hemorrhagic transformation of a cardioembolic stroke cannot be excluded in this patient.

Anticoagulation is usually recommended in secondary prevention of ischemic stroke in atrial fibrillation. The use of low-molecular-weight heparin (LMWH) in patients with nonvalvular atrial fibrillation at the acute stage is well documented [1].

Moreover, the administration of LMWH in patients with intracerebral hemorrhage is actually recommended [2] for the prevention of deep vein thrombosis in patients with intracerebral hemorrhage.

The use of LMWH might prevent both early ischemic recurrence in atrial fibrillation [1] and deep vein thrombosis [2] in patients with intracerebral hemorrhage.

References

- 1 Berge E, Abdelnoor M, Nakstad PH, Sandset PM, on behalf of the HAEST Study Group: Low molecular-weight heparin versus aspirin in patients with acute ischaemic stroke and atrial fibrillation: a double-blind randomised study. *Lancet* 2000;355:1205–1210.
- 2 Priorities for Clinical Research in Intracerebral Hemorrhage: Report from a National Institute of Neurological Disorders and Stroke Workshop. *Stroke* 2005;36:e23–e41.

Fig. 1. a–c CT scan showing a right capsulo-lenticular haematoma. d Rim of signal loss consistent with recent haemorrhage. Multiple microbleeds on T₂*-weighted image. e, f Multiple hypersignal on diffusion-weighted MRI.