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61 **STROKE MIMIC CASE REPORT: A YOUNG PATIENT WITH COVID-19 REFERRED TO NEUROVASCULAR CLINIC SUBSEQUENTLY DIAGNOSED WITH SYSTEMIC ARTERIAL EMBOLI**

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**Background:** An independent 44 year-old is reviewed at Neurovascular Clinic with a suspected high-risk Transient-Ischaemic-Attack (TIA). He had a recent diagnosis of COVID-19. Investigations revealed multiple systemic arterial emboli responsible for his symptoms, rather than a cerebrovascular cause.

**Methods:** The patient attended our Neurovascular Clinic following a virtual Stroke Consultant telephone assessment 3 days previously, when he had been referred from his GP with a brief episode of left arm weakness. This was felt to be a high-risk TIA event. He had tested COVID-19 positive with mild flu-like symptoms 4 days prior to this event. He described sudden onset weakness involving the left forearm and wrist which became 'floppy'. Symptoms had fully resolved within one hour. His only reported vascular risk factor was controlled essential hypertension. He was a life-long non-smoker with no family history of stroke. On examination his left arm felt significantly colder than the right. His radial pulses bilaterally were palpable with good volume. Blood pressure was satisfactory in both arms. No other focal neurology was found.

**Results:** Computed-Tomography (CT) angiogram of the left arm revealed an occlusion of the ulnar artery in the antecubital fossa, dilated aortic root, splenic infarcts and probable pulmonary emboli. CT pulmonary angiogram revealed large bilateral volume pulmonary emboli within both main pulmonary arteries extending into all lobar branches of both pulmonary arteries. A Patent Foramen Ovale was not seen on bubble-contrast transthoracic echocardiogram. Diffusion-weighted Magnetic-Resonance-Imaging (MRI) Brain was normal. Anticoagulation with Apixaban for 6 months was commenced for provoked emboli following consultation with our trust haematologist.

**Conclusion:** This case of a so-called "stroke mimic" highlights a pitfall of virtual assessment for neurovascular patients and the need for assessing in person those who we should have a higher suspicion for alternative pathology, especially in those who were recently COVID-19 positive given documented pro-thrombotic tendencies.