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**RARE CAUSE OF ISCHAEMIC STROKE IN YOUNG PATIENTS
(THE CASE REPORT)**

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Relevance. There is a global trend towards an increasing incidence of stroke in young people. Since stroke is often disabling, this trend poses an enormous threat to socioeconomic stability. In young patients with an absence of conventional vascular risk factors and negative preliminary stroke work-up, clinicians must consider less common causes of stroke, such as vasculitis, blood diseases, congenital anomalies

Aim: to describe a clinical case of ischaemic stroke due to a rare cause (internal carotid arteries hypoplasia) in a young patient.

Materials and methods. Study design: the case report. We review and description of the young age patient case history with ischaemic stroke due to hypoplasia of the internal carotid arteries.

Results and their discussion. A 40-year-old woman was admitted to the Stroke Unit with complaints of acute speech impairment, which developed 2 days ago. After pregnancy in 2015, she noted an episode of sensory impairment on the right side of the body, which passed on its own. On December 6, 2022 she notes a similar episode with speech impairment, which regressed on its own over several days. He denied having chronic illnesses, fever on the eve of admission, infectious disease, vaccination, tick bites, travel to exotic countries the day before. Hereditary history was not complicated. Objective status: no peculiarities. The neurological examination revealed changes: speech disorders-reduced fluency (motor aphasia). Cognitive functions testing by Montreal Cognitive Assessment: 23 points (mild cognitive impairment). Oral automatism reflexes are revealed. Deep reflexes are increased from the both side. Pathological Jacobson-Laska and Rossolimo reflexes are on both sides. No significant abnormalities were found in the laboratory tests. CT scan on present admission: Hypodense foci in both hemispheres of the brain (vascular? ischemic? neoplastic?). MRI conclusion: The MR may be consistent with arteritis. Foci of subacute ischemia in the left hemisphere, postischemic changes in the right hemisphere. Contrast-enhanced MRI. MR angiography conclusion: MR signs of abnormal development of internal carotid arteries (hypoplasia). There is pronounced narrowing of the internal carotid arteries, which ends in the ophthalmic arteries (without connection with the circle of Willis). The brain is supplied with blood only from vertebrobasilar artery pool. Result of the selective angiography investigation: Hypoplasia of the both internal carotid arteries, aplasia of the supraclinoid parties of the both internal carotid arteries. The vertebral arteries are developed, the blood supply to the brain is from the vertebral artery pool. The patient was consulted by a neurosurgeon. She was offered a surgical treatment consisting of an extra- intracranial anastomosis, which has surgical risks, but in this case will reduce the risk of recurrent acute cerebrovascular episodes.

Conclusions: among the etiopathogenetic factors for stroke, rare causes such as bilateral hypoplasia of the internal carotid arteries occur in addition to the traditional vascular ones. This must be taken into account in the diagnosis, treatment, and development of the stroke prevention strategies, especially in the young patients.