

STROKE AS A PARANEOPLASTIC MANIFESTATION OF CA OVARY

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Introduction

Ovarian cancers are the third most common cause of gynecologic tumors and have a fatal prognosis. The early disease causes minimal symptoms leading to a late diagnosis and consequently, thrombosis can occur. Stroke can be the first clinical manifestation of this malignant disease which proved to be the case in our patient.

CASE REPORT

A 76 year old female who a known case of hypertension with no significant family, social and environmental history was admitted to the stroke unit with

- Acute onset dysarthria
- Bilateral anosmia

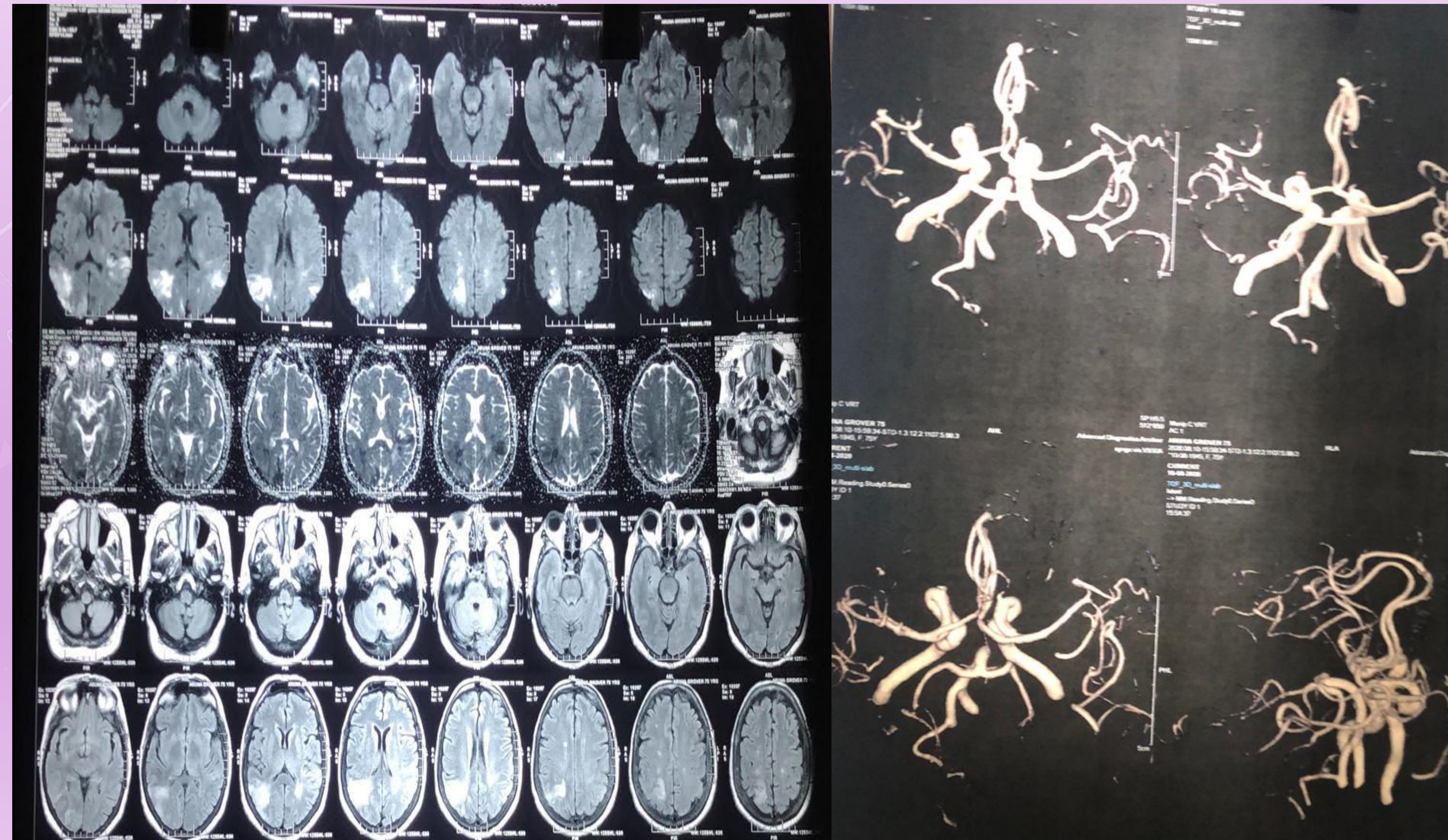
On neurological exam

- GCS was E4V3M6
- Power was 5/5,
- Reflexes 2+

In addition she had residual left homonymous hemianopia and expressive aphasia as her past history (4 days back) was significant PCA stroke diagnosed on MRI scan

Investigations

- Laboratory studies showed thrombocytopenia, anaemia and raised D-Dimer level.
- Further investigations which included MRA of neck vessels and circle of willis were done to assess for vascular risk factors and secondary causes of stroke which were normal.
- Further imaging included the USG abdomen and MRI abdomen that depicted a right ovarian mass with multiple cystic and solid components.
- Her CA-125 was > 100 ($N < 35$) which indicated ovarian neoplasm
- On PET scan, local spread to the uterus was detected, no distant metastasis was seen.
- MRI of brain visualized triple territory non-hemorrhagic infarcts in right MCA, right PCA, and left MCA



Discussion

Our observation of elevated D-dimers supported by triple vessel infarcts, along with clear vessels in the neck and brain region on MRA arouse suspicion of cryptogenic stroke. With a negative patient history and a diagnosis of Cryptogenic stroke at hand, PET scan, Ultrasound abdomen, MRI abdomen, and CA 125 proved the diagnosis of ovarian cancer.

On excluding the possible causes of stroke, this cryptogenic stroke was most likely due to paraneoplastic hematological manifestation which refers to the distant effects of the malignancy that are unrelated to the site of tumour invasion or metastasis.

Conclusion

A suspicion of cancer should be kept in mind while treating a female with no relevant history presenting with multiple territory stroke in order to promote early detection of underlying ovarian cancer