Arterial Ischemic Stroke in Parturient with history of Migraine Headache

Nicole Dayton, MD, Michael Taylor, MD

BACKGROUND

- Stroke in pregnancy is a serious and sometimes life altering complication
- Most common in late pregnancy and early post-partum
- Incidence of maternal stroke: 30 in 100,000 pregnancies
- Increased risk in women with cardiac dysfunction and cardiomyopathy (vs. vascular risk factors as seen in elderly populations)
- Stroke represents 40-70% of maternal mortality in preeclampsia

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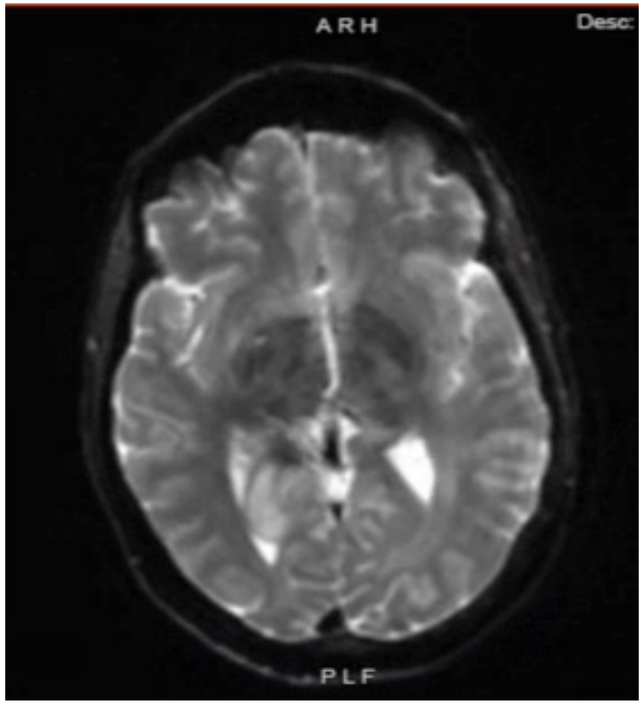
CASE REPORT

- 35 yo G3P1112 @ 33w3d gestation with history of migraines presented to ED with:
  - Recurrent headache similar to typical migraines
  - Left facial numbness, paresthesias, left visual field cut
  - HTN with SBP persistently >140
- Diagnosed with preeclampsia with severe features
- MRI brain showed focal ischemic stroke without hemorrhagic conversion
- Urgent c-section under spinal
  - At the time of c-section: resolution of all symptoms except visual field deficit



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DISCUSSION

- Neuraxial procedures generally considered safe in patients with stroke if no signs/imaging findings suggestive of increased ICP
- Address blood pressure goals to promote cerebral and fetal blood flow while avoiding risk of hemorrhagic conversion
    - Discuss safest monitoring and management plan
- Early recognition of stroke is vital- time is brain!
- Anesthesiologists have a unique skill set on L&D floors given intensive care training
    - It is important to remember our role in recognition of stroke when evaluating patients