Acute Infarct of the Left Parietal Lobe in a Hypertensive Patient

This eighty-one-year-old woman had been hypertensive for 30 years. In addition, she was known to have a hyperlipidemia and mild proteinuria. Blood pressure was variably controlled on several medications, including verapamil-SR, atenolol, and clonidine. She had also taken atorvostatin and aspirin. Twelve hours after developing mild right hemiparesis, word finding difficulty and mild slurring of speech, she was brought to an Emergency Department for evaluation.

MRI of the brain showed an area of bright signal on FLAIR image (left panel, arrow) and on diffusion-weighted images (right panel, arrows) involving the left parietal lobe, bordering on the occipital lobe, consistent with acute infarct. Gradient echo images showed no evidence of acute hemorrhage. Follow-up neurologic examination 6 weeks after discharge from the hospital revealed significant improvement on physical examination. The patient was prescribed clopidogrel, aspirin, and antihypertensive medication.

MacMahon et al1 demonstrated that a diastolic blood pressure persistently higher by 5.0 mm Hg is associated with a 34% increase in stroke risk. Although women generally have lower morbidity and mortality rates from any level of blood pressure compared to men, Framingham data show significant event rates in women when blood pressure is not controlled.2 Delay in recognition and treatment of stroke is now recognized as a major problem, now that thrombolytic treatment offers benefit.3 Had this patient arrived in the Emergency Department, within an hour or two after onset of her stroke, she might have been eligible for more aggressive management.

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References