Early mitral valve surgery two days after an ischaemic embolic stroke

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A 62-year-old woman with no previous medical history was admitted to a local hospital after she was fortuitously diagnosed with atrial fibrillation. TTE revealed a severe mitral stenosis (valve area 1.2 cm\textsuperscript{2}; mean gradient 6 mmHg) with a severely enlarged left atrium and a huge LA thrombus, which was confirmed with transoesophageal echocardiography (maximal length 44 mm; Figs. 1A–C). Five days after the introduction of anticoagulation therapy with intravenous heparin and a vitamin K antagonist (international normalized ratio 2.7), the patient had an embolic stroke (Fig. 1D; computed axial tomography) from which she mostly recovered except for facial paralysis and aphasia. The patient was referred to our hospital and underwent emergency (within 24 hours) mitral valve replacement using bioprosthesis in association with LA thrombus ablation and LA appendage exclusion (Figs. 1E, F) on day 2 of the stroke. The postoperative course was uneventful and the patient was discharged on day 7.

Abbreviations: LA, left atrial; TTE, transthoracic echocardiography.
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This case illustrates the fact that despite recent ischaemic stroke being considered a temporary (3-week) contraindication for open heart surgery, the risk of haemorrhagic transformation and worsening neurological status should be balanced against the risk of stroke recurrence. In the present case, the stroke occurred despite an adequate double anticoagulation regimen (heparin + vitamin K antagonist), and given the size and mobility of the thrombus, we estimated the risk of recurrence to be very high. In contrast, the infarct size was moderate without any haemorrhage, so the risk of haemorrhagic transformation was deemed acceptable.

**Disclosure of interest**

The authors declare that they have no conflict of interest concerning this article.