Anticoagulant therapy and unruptured intracranial aneurysm

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Introduction: Data on anticoagulant therapy (AT) in patients with cardioembolic stroke and unruptured intracranial aneurysm are scarce. Decission is predominantely made by calculation of spontaneous aneurysm rupture and risk of recurrent stroke. Case report: 69-years old female with a paroxysmal atrial fibrillation was admitted to our hospital due to acute left-sided hemiparesis. Head computed tomography (CT) showed two hyperdense lessions in right thalamus. CT angiography showed no neck vessels stenosis and a 4 mm unruptured aneurysm on a.communicans anterior. Preventive LMWH and Aspirin were initiated. Control CT scan 5 days latter showed haemorhagic transformation (HT) of ischemic stroke in right parietotemporal lobe, which was confirmed also by MRI scan. Due to haemorrhagic transformation AT was postponed. CT scan 6 days latter showed progression of haemorrhagic transformation. Aspirin was ceased. She completely neurologically recovered during hospitalisation (NIHSS 0). CT scan 3 weeks latter showed complete resorption of HT. AT with dabigatran in a lower dosage was initiated. She was latter on admitted to a cardiologist for an opinion of left atrial appendage occlusion (LAA) implacement. Conclusions: There are no guidelines on AT in patients with cardioembolic stroke and unruptured intracranial aneurysm. Data on higher probability of aneurysm rupture due to AT is unknown. Decision on AT initation is made on calculation of probability of spontaneous aneurysm rupture and risk of recurrent stroke. Initiation of lower dosage AT or LAA implacement could be treatment options in our patient.