A 67-year-old man was admitted to the emergency department with a 2-day history of headache, nausea, and left-hand weakness. On physical examination, his blood pressure was 145/70 mm Hg, heart rate 80 beats per minute, respiratory rate 20 breaths per minute, oxygen saturation 92%, and the grip strength on his left hand was grade 3. His medical history included migraines and hypertension. Magnetic resonance imaging showed right parietal infarct on diffusion-weighted imaging. Laboratory test results revealed that complete blood count, partial thromboplastin time, and prothrombin time were normal. Computed tomographic angiography of arteries in his neck and head showed no stenosis or dissection. Inpatient cardiac telemetry did not reveal arrhythmias. Transthoracic echocardiogram showed atrial septal aneurysm (ASA); therefore, it was complemented with a transesophageal echocardiogram, which showed an ASA-associated grade 3 patent foramen ovale (PFO). The PFO shows long-tunnel (17 mm) (Figure 1A), large-size (4 mm) (Figure 1B), hypermobile interatrial septum (Figure 1C), large...
right-to-left shunt (≥20 microbubbles) (Figure 1D), and low-angle PFO (8.3°) (Figure 1E), which, according to PFO score calculator, showed high risk associated with cryptogenic stroke (Score 4). Three-dimensional transesophageal echocardiogram showed ASA, large size, and large right-to-left shunt of PFO (Figure 2; Supplemental Video, available online at http://www.mayoclinicproceedings.org). The patient was treated with PFO closure, combined with anti-platelet therapy.

Potential Competing Interests. The authors report no competing interests.

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