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Case Report: Successful management of internal carotid artery transection secondary to a gunshot wound and subsequent malignant MCA syndrome

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There are over 100,000 strokes each year in the UK. A very small proportion of these can be attributed to gunshot wounds and subsequent surgical intervention. We present a rare case of a 24-year-old male patient admitted to the Emergency Department having sustained a gunshot wound to the left side of his neck. Initial imaging and surgical exploration revealed significant left sided vertebral artery damage and a complete transection of the internal carotid artery. Following damage control surgery (DCS), the patient was admitted to ITU but had an acute neurological deterioration and was found to have suffered malignant middle cerebral artery (MCA) syndrome, requiring an urgent decompressive craniectomy. The patient's NIHSS at this stage was 26. After a prolonged ITU stay and repatriation to a local stroke unit for intensive therapies input, the patient walked out of hospital independently on day 106, with an improved NIHSS of 3. This case report aims to highlight the rarity of an ischaemic stroke, secondary to the damage control surgery required for a near fatal gunshot wound; along with the importance of timely recognition of an acute deterioration following artery ligation. Additionally, it aims to examine the life-saving surgical management of malignant MCA syndrome and in turn the significance of the shared decision making process between clinicians, the patient and family members, due to the high rate of poor functional outcomes following this major surgery.

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