

SC115. Migrainous Infarction: Case series in a neurological center of Buenos Aires

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Objectives

To describe our experience related to patients with migrainous infarction (MI).

Background

MI is a rare complication of migraine with aura (MwA) that must be considered in patients that present with aura episodes lasting more than 60 minutes. According to ICHDIII criteria, one or more migraine aura symptoms associated with an ischaemic brain lesion in the appropriate territory demonstrated by neuroimaging, confirm the diagnosis.

Materials and methods

Clinical records of adult patients with MI diagnosed at our institution from June/2006 to June/2020 were retrospectively reviewed. Demographic data, neuroimages findings, treatment and long-term evolution were analyzed.

Results

Ten patients were included according to ICHD 3 criteria for MI (women=7, median age: 28.5 years). All described MwA of at least 5 years of evolution, with a low frequency of episodes (5 reported less than 12 episodes / year), and all referred habitual visual aura (average duration of 40 minutes). Only 2 reported additional sensorial symptoms, 1 motor and 1 aphasia. Ergotamine derivatives or triptans were declared by 4 patients and only one reported use of oral contraceptives. All presented with a longer-than-habitual aura (average 9.4 hours) and 3 patients persisted symptomatic at evaluation (NIHSS range: 0-2). Magnetic resonance imaging (MRI) evidenced diffusion-restrictive images on all patients (median volume 0.575 cm³), 50% on posterior circulation territory, 3 on the anterior and 2 border zone infarcts. All patients were discharged asymptomatic (NIHSS 0), with migraine preventive treatment and aspirin; no recurrence of MI was reported on follow-up.

Conclusion

We observed MI in young patients without other stroke risk factors. Unlike previous reports that showed higher incidence of MI during the first year of MwA, all of our patients declared an evolution of 5 years or longer at diagnosis. After discharge, all patients initiated preventive migraine treatment, with no neurological deficit and no recurrence of MI.