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Case Report

Recovery After Acute Ischaemic Stroke Secondary to SARS-CoV-2 Infection: Case Report

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ABSTRACT

A 50-year-old male with a past medical history of borderline hyperlipidemia developed COVID-19 in Fall 2020 and recovered without complication. Approximately 5 months later, he sought care for a prolonged episode of right-sided weakness that self-resolved. He was diagnosed with a Transient Ischaemic Attack (TIA) and discharged the same day. The following day, he developed persistent right-sided hemiplegia and was diagnosed with an acute left basal ganglia stroke.

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Case Description

The patient was admitted. He did not have other risk factors for stroke. He was placed in an anticoagulant clinical trial and subsequently discharged. He completed inpatient and outpatient rehabilitation. Upon outpatient evaluation three months following his diagnosis, he was able to do all necessary components of his prior occupation except for keyboard typing, which was limited in speed compared to his baseline. Overall, he reported improved right-sided strength and spasticity. His physical exam was significant for a 1+ score on the Modified Ashworth Scale in the right elbow flexors and plantar flexors. He had a positive right-sided Hoffman's test and right-sided 4-beat clonus. He ambulated with a right ankle-foot orthosis (AFO).

Discussion

Long-term complications of COVID-19 remain unclear. Acute ischaemic stroke is uncommon in patients with COVID-19 and is usually

associated with other cardiovascular risk factors. Here, we present a case of an acute left basal ganglia stroke about 5 months after a COVID-19 infection and subsequent good motor recovery.

Conclusion

The incidence of stroke in the convalescent phase of COVID-19 is unknown. This case adds to another case series of 18 patients published in April 2021, which suggested that adults 50 years or younger in the convalescent period of COVID-19 have an increased risk for stroke. Stroke units should be alerted to this risk and consider the use of serological testing for COVID-19 in younger patients without traditional risk factors.

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