

# 以双侧交替短暂性脑缺血发作为首发表现的 动脉狭窄性缺血性卒中一例

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【关键词】 脑缺血发作, 短暂性; 动脉闭塞性疾病; 脑动脉; 病例报告

【Key words】 Ischemic attack, transient; Arterial occlusive diseases; Cerebral arteries; Case reports

## A case of carotid stenotic ischemic stroke with bilateral alternating transient ischemic attacks

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患者 男性, 65 岁。因发作性肢体无力 1 周、口角歪斜、左侧肢体活动不利 6 h, 2011 年 7 月 24 日入院。入院前 1 周无明显诱因出现右侧肢体无力伴抖动、无抽搐, 发作约 5 min 后缓解, 无头痛、头晕, 无口角歪斜、言语不利等伴随症状与体征。此后逐渐出现左侧肢体无力伴抖动, 症状和发作时间同右侧; 共发作 7 次, 双侧肢体交替出现, 每次发作持续数分钟。入院前 6 h 突然出现口角歪斜、言语不清、左侧肢体不利、上肢不能持物、行走困难等症状与体征。患者既往无高血压、糖尿病及心脏病病史。偶饮酒, 吸烟史 40 年(20 支/d)。无高血压及脑血管病家族史。

体格检查 血压 145/80 mm Hg (1 mm Hg = 0.133 kPa), 心率 75 次/min, 呼吸 18 次/min, 体温 36.5 °C。神志清楚, 言语含糊不清, 对答切题。双侧瞳孔等大、等圆, 大小约为 3 mm, 双侧对光反射灵敏, 双眼向左凝视麻痹, 眼动尚可。左侧中枢性面瘫, 左侧肢体肌力 2 级、右侧肌力 5 级。四肢腱反射对称正常, 左侧 Babinski 征阳性、右侧阴性, 面部与肢体浅痛觉均对称正常。心、肺、腹部检查未见明显异常。

入院后辅助检查 (1) 实验室检查: 血清总胆固醇(TC) 5.80 mmol/L (0 ~ 5.70 mmol/L)、甘油三酯

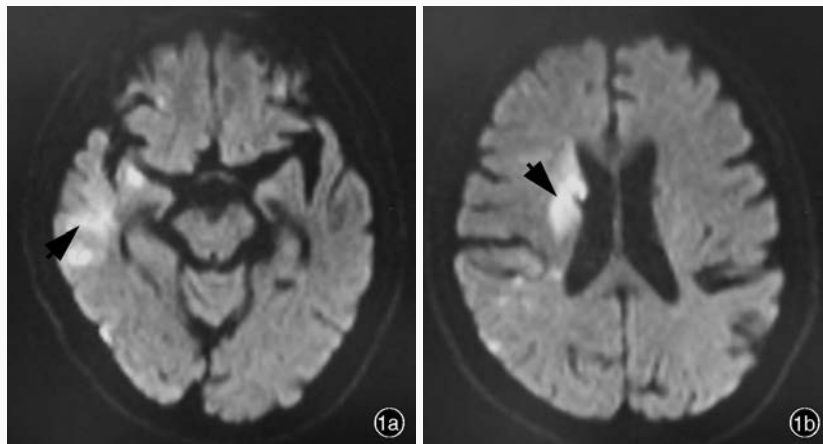
(TG) 1.47 mmol/L (0 ~ 2.25 mmol/L)、高密度脂蛋白胆固醇(HDL-C) 1.35 mmol/L (0.83 ~ 1.96 mmol/L)、低密度脂蛋白胆固醇(LDL-C) 4.53 mmol/L (2.07 ~ 3.10 mmol/L)。空腹血糖水平 4.39 mmol/L (3.89 ~ 6.12 mmol/L)。肝、肾功能试验于正常水平。(2) 影像学检查: 入院后头部 MRI 检查显示, 右侧额颞叶、岛叶、基底节区、脑室旁、半卵圆中心呈现异常信号, 考虑为急性梗死灶; 右侧颞叶脑沟内 FLAIR 序列呈高信号, 考虑血流缓慢; 右侧颈内动脉流空欠佳(图 1)。颈部血管彩色超声检查显示, 颈动脉粥样硬化, 多发附壁斑块形成; 左侧颈内动脉入口处血管狭窄, 血流速度稍快; 右侧颈内动脉闭塞; 右锁骨下动脉血流速度增快。经颅多普勒超声(TCD)检查可见, 右侧大脑中动脉狭窄, 右侧眼动脉开放向颅内供血。为进一步明确血管病变, 行 CTA 检查, 显示左侧颈内动脉起始部重度狭窄, 右侧颈内动脉起始部闭塞; 右锁骨下动脉起始部轻度狭窄; 左侧椎动脉起始部狭窄; 右侧大脑中动脉和右侧颈内动脉颅内段管腔较细, 由前交通动脉供血, 远端分支稀疏(图 2)。

诊断与治疗经过 诊断: 缺血性卒中。病因分型: 颈动脉粥样硬化性狭窄。发病机制: 大动脉粥样硬化性狭窄基础上血流动力学呈低灌注。入院后常规给予阿司匹林 200 mg (1 次/d) 口服及银杏叶注射液 20 ml (1 次/d)、长春西汀 30 mg (1 次/d) 和依达拉奉 30 mg (2 次/d) 静脉滴注, 改善脑循环。入院第 3 天时症状突然加重, 构音障碍加重, 左侧肢体肌

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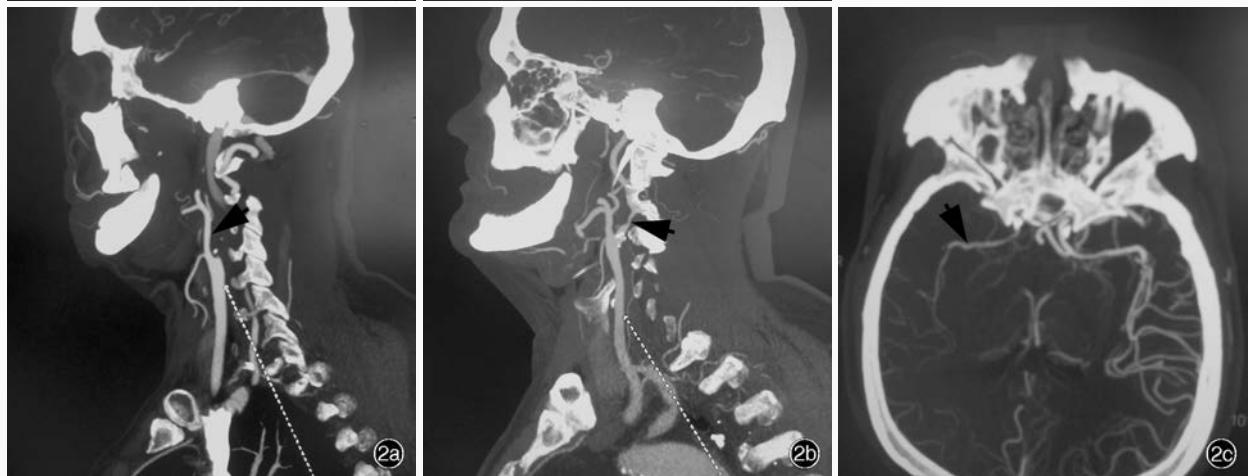
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**图 1** 头部 MRI 检查所见 1a 横断面 DWI 序列显示,右侧额颞叶高信号(箭头所示),考虑为急性脑梗死灶 1b 横断面 DWI 序列显示,右侧基底节区、脑室旁、右侧颞叶高信号(箭头所示),考虑为急性脑梗死灶

**Figure 1** Cranial MRI findings. Axial DWI showed signals of hyperintensity in right frontotemporal lobe, considering acute cerebral infarction (arrow indicates, Panel 1a). Axial DWI showed signals of hyperintensity in right basal ganglia, beside the ventricle and right temporal lobe, considering acute cerebral infarction (arrow indicates, Panel 1b).



**图 2** CTA 检查所见 2a 右侧颈内动脉起始部闭塞(箭头所示) 2b 左侧颈内动脉起始部重度狭窄(箭头所示) 2c 右侧大脑中动脉颅内段管腔纤细(箭头所示),远端分支稀疏

**Figure 2** CTA findings. Cervical CTA showed right internal carotid artery occlusion (arrow indicates, Panel 2a). Cervical CTA showed severe stenosis at the initial part of left internal carotid artery (arrow indicates, Panel 2b). Cervical CTA showed tenuous lumen of right middle cerebral artery at the intracranial part (arrow indicates) and scattered distal branches (Panel 2c).

力 1 级,结合颈部血管彩色超声和 CTA 检查结果考虑为动脉-动脉栓塞,遂将阿司匹林剂量增至 300 mg (1 次/d),同时辅助服用强化调脂药物阿托伐他汀(立普妥)10 mg(睡前服)、普罗布考(之乐)500 mg (2 次/d)。继续行改善脑循环、促进脑代谢治疗,并加用甘油果糖注射液以缓解脑水肿,血压维持在 135/90 mm Hg。经上述治疗后临床症状逐渐好转,未再出现短暂性脑缺血发作,左侧肢体肌力恢复至 3 级。因患者家属拒绝进一步行 CT 或 MRI 灌注成像或脑血管造影检查以明确诊断,治疗 1 个疗程(14 d)后出院。继续服用阿司匹林、阿托伐他汀、普罗布考等药物进行二级预防。

## 讨 论

该患者以短暂性脑缺血发作起病且双侧肢体

均有发作,考虑右侧肢体无力与左侧颈内动脉起始部重度狭窄、前交通动脉供血至右侧大脑中动脉致左侧颈内动脉和大脑中动脉缺血有关;左侧肢体无力则与右侧颈内动脉起始部闭塞、前交通动脉供血至右侧大脑中动脉和颈内动脉颅内段致大脑中动脉缺血有关。患者发作性肢体无力伴抖动症状临床鲜见<sup>[1-2]</sup>,双侧短暂性脑缺血发作为刻板发作且十分频繁,持续时间较短,未接受正规治疗,随后出现口角歪斜、左侧肢体不利,结合 CTA 及 MRI 所见考虑为大动脉粥样硬化性狭窄基础上的低灌注所致短暂性脑缺血发作及动脉-动脉栓塞致缺血性卒中<sup>[3-4]</sup>。患者发病前无高血压、糖尿病病史,但患高脂血症,有长期吸烟史,动脉粥样硬化与这些危险因素有关。

根据缺血性卒中危险因素分层,该患者动脉粥样

样硬化性狭窄明显,属于高危患者。入院后予以阿司匹林抗血小板、阿托伐他汀和普罗布考抗动脉粥样硬化、稳定斑块;该患者表现有缺血性卒中、短暂性脑缺血发作,左侧颈内动脉起始部重度狭窄  $\geq 70\%$ ,右侧颈内动脉起始部闭塞、大脑中动脉及颈内动脉颅内段由前交通动脉供血。因此建议行脑血管造影检查以明确诊断后进一步施行左侧颈内动脉血管成形术,如果能够施行 CT 或 MRI 灌注成像明确双侧大脑半球血流灌注情况则更具说服力。颅内动脉重度狭窄 ( $\geq 70\%$ ) 是病变血管区再发卒中的主要危险因素之一,有研究显示,颅内血管狭窄  $\geq 70\%$  的患者一年内同侧再卒中发生率为 23%。该患者出院后继续行抗血小板及调脂治疗,并长期随访。

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## The 43rd Annual Meeting of the Society for Neuroscience

Time: November 9–13, 2013

City: San Diego, California, USA

Tel: (202) 962-4000

Website: <http://www.sfn.org/annual-meeting/neuroscience-2013>

Neuroscience 2013 is the premier venue for neuroscientists to present emerging science, learn from experts, forge collaborations with peers, explore new tools and technologies, and advance careers. Join more than 30 000 colleagues from more than 80 countries at the world's largest marketplace of ideas and tools for global neuroscience. This year's meeting will be held on November 9–13 in the beautiful city of San Diego, California, one of the top convention and meetings destinations in the United States.

Society for Neuroscience is an unmatched venue for sharing great science. Attendees can take advantage of countless opportunities to share and learn about emerging and unpublished findings, explore career paths and professional development opportunities, and discuss hot topics in scientific publishing, academia, advocacy, public education, and more. 2013 events include: major featured and special lectures by world-renowned scientists from around the globe, more than 16 000 abstracts sharing new findings, more than 50 symposia and minisymposia with comprehensive coverage of vital neuroscience research topics, more than 600 exhibitors showcasing new tools, technologies, and publishing opportunities, dozens of professional development, advocacy, and networking events and selection of more than 100 satellite events being held in conjunction with the annual meeting.

## ANESTHESIOLOGY™ 2013 Annual Meeting

Time: October 12–16, 2013

Venue: Moscone Center, San Francisco, California, USA

Website: <https://www.asahq.org/Annual-Meeting.aspx>

The theme of ANESTHESIOLOGY™ 2013 Annual Meeting is "Global Partners in Quality Outcomes and Patient Safety", which offers a glimpse of what's to come as the American Society of Anesthesiologists (ASA) hopes to share world expertise and techniques in science from all over the globe. This year's program will, as always, bring innovations and advances in anesthesiology to the forefront and welcome attendees from all corners of the world with the primary purpose of sharing information for the betterment of the specialty.