**A TALE OF TWO THROMBI; A CASE OF CARDIOCEREBRAL INFARCTION**

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**INTRODUCTION**

Acute myocardial infarction (AMI) along with acute ischemic stroke (AIS) require prompt and meticulous treatment to prevent severe outcomes. Emergency department (ED) Selayang Hospital had received a case whereby a young gentleman came in with presentation of stroke but later on developed AMI that lead patient to become unstable and asystole.

**CASE DESCRIPTION**

A 33yo gentleman with underlying hypertension presented with sudden onset of left sided body weakness and slurred speech which occurred in the morning. Upon arrival to ED 30 minutes later, his GCS is full with signs of facial asymmetry, loss of nasolabial fold, reduced muscle strength over left side with power of 4/5 and absent of pharyngeal reflex. His BP is 183/125mmHg with the first ECG showed sinus rhythm. He underwent plain CT Brain which reported as multifocal infracts of varying ages. Subsequently after 2 hours he became not responsive and pulseless hence CPR was conducted for 7 cycles in which he regained ROSC. Repeated ECG showed ST elevation over lead V2-V6 with reciprocal changes. Thereafter, patient required double inotropic support and had another 15 cycles of CPR. Urgent cardiologist referral was made to Serdang Hospital and he was successfully transferred there via STEMI network and urgent PCI was done revealed acute total occlusion (ATO) to left anterior descending (LAD) artery which underwent thrombo-aspiration and able to establish flow. Patient however developed hypoxic ischemic encephalopathy (HIE) on account of experiencing two episodes of CPR; his family opted for discharge at own risk after almost 1 month of admission.

**DISCUSSION**

Cardiocerebral infraction (CCI) is a term used in concomitant AIS and AMI. It can be divided into synchronous (simultaneous) and metachronous (one after the other); in which our patient developed. As patient had sudden onset of pulselessness, it caused a halt in determining the next treatment step as repeated CT brain is needed to rule out brain haemorrhage. Providentially, his transfer to Serdang Hospital was successful and he’s able to undergo urgent PCI.

**CONCLUSION**

The patients presented with CCI might lead to predicament on whether to reperfuse the brain or heart first. Due to its rarity, treatment options are highly individualized.

**KEYWORDS**

Myocardial infarction, ischemic stroke, cardiocerebral infarction