Lambl's Excrescences Associated With Left Frontal Ischemic Stroke

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Background

Cardioembolic strokes account for nearly 20% of all ischemic strokes [1-2]. In 1856, Vilém Lambl, described the presence of mobile, filiform fronds in aortic valve leaflets that result from endothelial damage secondary to valvular wear and tear [3]. Lambl's excrescences (LEs) are mostly asymptomatic; however, few cases are described with an association with cardioembolic stroke [3].

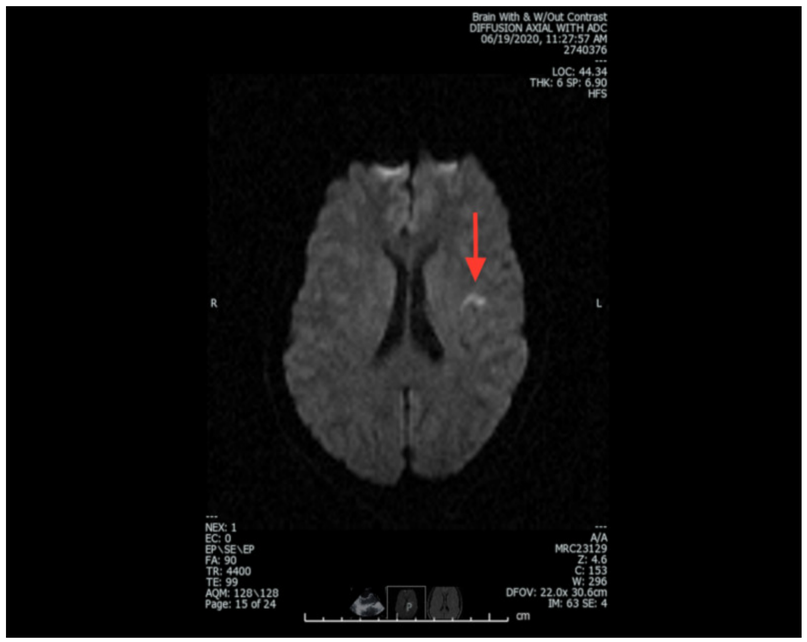

Figure 1: MRI head with and without contrast depicting a recent cortical infarct in left frontal region.

Clinical Case

33-year-old African American male with no past medical history presented to the emergency department (ED) complaining of sudden onset right arm weakness a few hours prior to presentation. He denied any other symptoms including slurred speech. In the ED, vital signs were remarkable for BP 174/120 mmHg for which he received IV labetalol. Physical examination was noncontributory. ECG remarkable for left ventricular hypertrophy. CT head w/o contrast and CT angiography of head/neck w/ IV contrast were unremarkable. He was loaded with aspirin and high-intensity statin. Lipid panel was unremarkable with A1c 5.0%. Transthoracic echocardiogram remarkable for ejection fraction of 55%-60% with left ventricular hypertrophy.

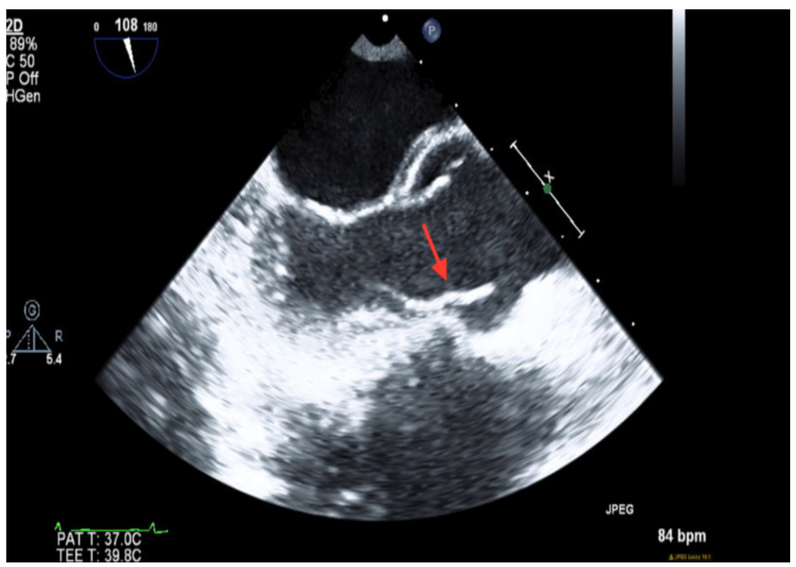

Figure 2: TEE depicting filiform lesion noted on aortic valve leaflet tips most likely LE.

MRI head was significant for hyperintensity in the left frontal/insular region likely due to a recent cortical infarct. Transesophageal echocardiogram was significant for filiform lesion on aortic valve leaflet. He was discharged on aspirin and clopidogrel for 21 days, statin, and antihypertensives.

Conclusion

LE's have been associated with cryptogenic stroke as they can be a source of microthrombi [3]. To state that LE is a source of cardioembolic phenomenon, it is prudent to rule out other possible etiologies [3]. Although our patient was noted to have elevated BP on admission, LE's presence on the TEE and recent examination with normal BP confounds the clinical picture. This is important as there are cases that report recurrent ischemic strokes in patients with LE [4]. Given aforementioned results, he was offered dual antiplatelet therapy in addition to strict BP control.

References

- Executive summary: heart disease and stroke statistics—2016 update: a report from the American Heart Association. Mozzafarian D, Benjamin EJ, Go AS, etal. *Circulation.* 2016;133:447–454.
- Cardioembolic stroke. Murtagh B, Smalling RW. *Curr Atheroscler Rep.* 2006;8:310–316.
- Lambl's excrescence associated with cryptogenic stroke: a case report and literature review. Chu A, Aung TT, Sahalon H, Choksi V, Feiz H. *Am J Case Rep.* 2015;16:876–881.
- Lambl's excrescences associated with recurrent ischemic strokes. Patel UK, Bhesania S, Malik P, et al. *SN Comprehensive Clin Med.* 2019;2:95–98.