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## Ischemic vascular accident malignant sylvian, which management: About a case.

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### Abstract :

The ischemic vascular accident malignant sylvian concerns the achievement of the entire sylvian artery and causes a major brain damage engage the vital prognosis. Numerous medical studies show that there is not really any benefit in terms of medical treatment (mannitol and hypertonic saline serum), Decompressive craniotomy seems to be a very effective way to preserve the vital prognosis despite the persistence of a major disability.

We report a control case of a patient aged :53 years, admitted to the UMC of CHU of Oran for an ischemic stroke malignant sylvian and who benefited from a decompressive component and whose results are: the preservation of the prognosis without improvement of the functional prognosis.

### Introduction :

The ischemic vascular accident malignant sylvian occurs in about 10% of all patients with supratentorial ischemic stroke. The ischemia concerns reaching the entire territory of the middle sylvian artery. Due to consequences of brain edema, engagement, intracranial hypertension (HIC), and median line deviation mortality can be 80%. (1) No clinical trials have been conducted to investigate the efficacy of osmotic agents such as mannitol or hypertonic saline serum.

Currently, only the decompressive component can reduce intracranial hypertension, reduce mortality and improve neurological results in this type of patient.

### Objective:

To improve that the support must be optimized by the realization of a decompressive craniotomy

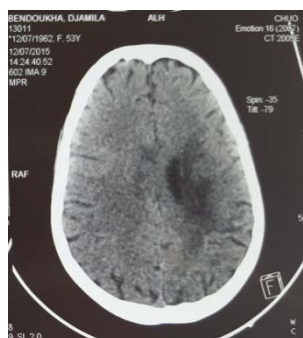
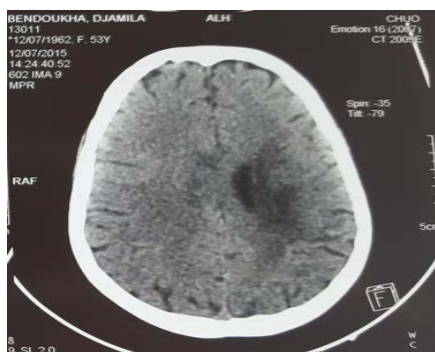
### Clinical case :

we report the case of a 53-year-old patient admitted to CMU for the management of right hemiplegia with aphasia and right facial paralysis.

In her antecedents, we found that the patient was treated for arrhythmias heart disease type AC/FA. At her admission, the patient was conscious and uncooperative, the hemodynamic and respiratory state were correct. The tomography performed within 5 hours had returned without any particularity.

02 days after the admission, the patient had become comatose scored at 11/15 on the Glasgow scale, and 14 points on the NIHSS score. The brain MRI objective an acute ischemic stroke in the superficial and deep territory of the left sylvian artery with total occlusion of that artery, with effect of The patient received purely symptomatic treatment (Oxygenotherapy; enteral nutrition; anticoagulation with preventive dose). 22 days after admission, another MRI was performed which showed a moderate decline in stroke without hemorrhagic transformation.

On her release, the patient had a major handicap since she was scored at 5 on Rankin's score.



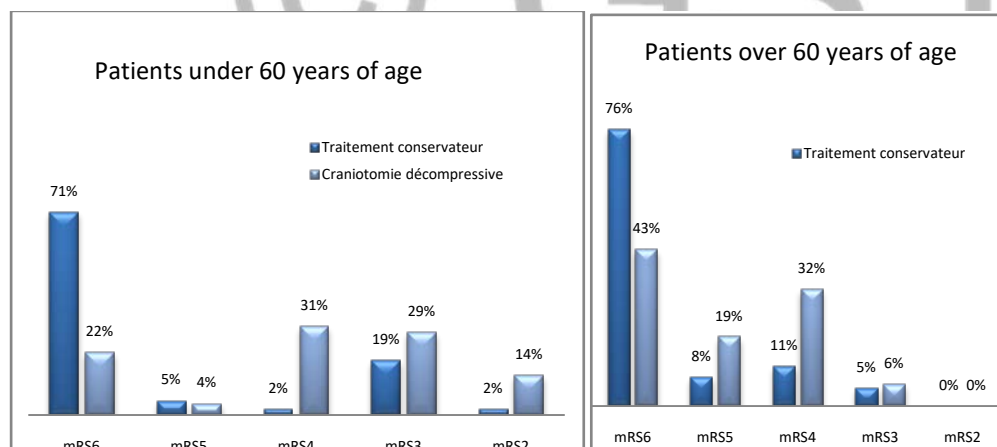
## DISCUSSION

the literature has shown us that medical therapies do not seem to be effective for this pathology. This was shown by Hacke et al, (2) and Berrouschot et al, (3) who reported very high mortality despite aggressive medical treatment.

Indeed, in a study carried out in the department in 2013 out of the 10 Malian sylvian strokes hospitalized 8 patients died.

Several studies have highlighted the value of the decompressive component in this type of patient. The DECIMAL study showed that the decompressive craniectomy performed within 24 hours of a malignant sylvian infarction in Results of the DECIMAL studies; HAMLET and DESTINY on the interest of decompressive craniotomy on the prognosis of Malian sylvian stroke:the subject under 55 years, significantly reduced mortality (RRA of 50%) and the number of patients dead.

Results of the DECIMAL studies; HAMLET and DESTINY on the interest of decompressive craniotomy on the prognosis of Malian sylvian stroke:



## CONCLUSION

our patient survived but with a major disability which suggests that the realization of an early decompressive component could have improved her functional prognosis.

## Bibliographie :

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