

Heart Congress 2020: Neurogenic heart secondary to insula stroke and neurocysticercosis - ABC Health Center

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Introduction:

Introduction: Some functions of the right insula lobe are a little bit known such as its role in taste perception for the ipsilateral tongue (rostro-caudal insula) and some functions of the left insula cortex for intensity of the stimulus ipsilateral to the tongue and taste recognition bilaterally, gustatory mechanism, movements of the mouth, and oropharyngeal swallowing (anterior insula) are not well known neither. The insula of the right cerebral hemisphere may play a major role in cardiac autonomic control and left insula stimulation and right vagus nerve stimulation cause same effect on the cardiac rhythm, however clearcut cardiac manifestations for each insular lesion are uncertain. In this presentation we deliver our hypotheses about this problem secondary to neurocysticercosis (NCC).

Materials & Methodology: All patients presenting imageneologically proven NCC primarily involving the insula and associated ischemic stroke attending to NCC clinic, neurology clinic or stroke unit were included in the study for prospective analysis. The serum from each patient was tested for cysticercus antibody and a routine EEG (electroencephalogram) was done. Results: Most relevant clinical manifestation were: insular stroke on the right, neglect, disturbances of gustation, functional dysphagia, cardiac asystole, and neurogenic heart. Some ECG abnormalities such as: prolonged QT interval and ST depression and subendocardial haemorrhage were confirmed. Comments: Right insular may have a major role in cardiac autonomic control. Antiparasitic treatment can be performed with extremely caution. Dying process of the parasite can cause sudden death due to neurogenic heart.

Objectives: The objective of this study is to estimate the prevalence of ischemic stroke in patients presenting with SNCC and stroke frequency among HIV-positive patients in three NCC subgroups; to determine if the odds of ischemic stroke are elevated in SNCC patients compared to patients with intraparenchymal NCC (INCC); to determine whether the risk for stroke is elevated in HIV seropositive patients presenting with SNCC or INCC and to evaluate if and when the potential interaction varies by location of NCC in the brain.

Results: The proportion of patients who developed IS were similar in patients with SNCC or INCC diagnoses and the odds of IS were 2.0 and 2.66 times greater when compared with the reference group C. HIV positive proportions were similar across the three groups, however the proportion of HIV positive patients developing stroke differed considerably; from 40%

(OR=2.66 95% CI) in patients with INCC: to 5.6% (OR 0.82, 95% CI) in the reference group. C. 25.0% (OR= 2.60) and C: 5.6% (OR=0.82) and between group A and B the OR=2.82

Conclusions: Compared to the reference group, the odds of IS in PLWNCC were 2.0 and 2.6 times greater patients with SNCC and IPNCC, respectively. The frequency of IS was greater in HIV-positive patients in all three groups, but the risk was especially pronounced when seropositive patients were both NCC groups when compared with the reference group, subarachnoid space increased the risk three times more.