

癌症病人的腦血管併發症：三病例報告及文獻回顧

**Cerebrovascular complications in
patients with malignancy: report of three
cases and review of the literature**

林慧娟

Yeh PS;Lin HJ;;

摘要

Abstract

A cerebrovascular thromboembolic event may precede the identification of cancer, and be the first clinical evidence of an underlying malignancy. The malignancy can cause either nonbacterial thrombotic endocarditis or hypercoagulable state, both of which may have clinical manifestations such as thrombotic or embolic occlusion of multiple major cerebral vessels. We present three cases with unusual cerebrovascular events. The first case is a 62-year-old woman who was admitted due to acute left limbs weakness and consciousness disturbance. Brain computed tomographic (CT) scan showed right middle cerebral artery (MCA) and posterior cerebral artery (PCA) infarctions with uncal herniation. The second case is a 44-year-old woman who was hospitalized due to acute bilateral limb weakness and consciousness disturbance. Bilateral MCA, left PCA, anterior cerebral artery (ACA) infarctions and deep vein thrombosis in the left leg were diagnosed. The third case is a 63-year-old man who developed sudden onset of right hemiplegia and consciousness disturbance. Brain CT scan showed bilateral MCA and left ACA infarction. The results of a series of examinations including biochemistry, lipid profile, carotid duplex, and transthoracic and transesophageal echocardiography were unremarkable. All patients had positive disseminated intravascular coagulation (DIC) tests with elevated D-dimers and fibrinogen degradation products (FDP). Further systemic evaluation for malignancy revealed ovarian cancer in the first patient, endometrial carcinoma in the second patient, and adenocarcinoma of lung in the third patient. They all died of the underlying malignancy. Because the hemostatic system can be altered by malignancy, intravascular coagulation abnormalities of these malignancy-related strokes may be disclosed by laboratory assays of hemostasis.