Co-occurrence of Acute Coronary Syndrome and Stroke: Trousseau's Syndrome

Akut Koroner Sendrom ve Strok Birlikteliği; Trousseau Sendromu

Trousseau Sendromu / Trousseau's Syndrome

Mehmet Yıgıt[1], Kenan Ahmet Turkdogan[1], Ozgur Sogut[1], Eda Yıgıt[1], Aslı Yaman[2]
[1]Department of Emergency Medicine, [2]Department of Neurology, Bezmialem Vakif University, Istanbul, Turkey

Özet

1865 yılında; Trousseau beklenmedik gelişen veya mobil tromboflebitlerin viseral malignite belirtisi olabileceğine işaret etti. Trousseau sendromu, müsin pozitif karsinomalı kanser hastalarında komorbitide oluşturmaktadır ve mikroanjiopati, verrüköz endokardit ve arteryel emboli komponentlerini içeren kronik dissemine intravasküler koagülopati tablosunu içerir. 86 yaşında 6 yıldır prostat kanseri tanılı erkek hasta sağ elini kullanamama şikayeti ile acil servisimize başvurdu. Hastanın MR difüzyonunda difüzyon kısıtlılığı saptandı ve serebrovasküler hastalık tanısı konuldu. Hastanın EKG'sinde inferior and anteroseptal R kaybı, inferior QS paterni mevcut. Serum örneğinde yüksek seviyede troponin mevcuttu. Hastanın tedavisi 300mg asetilsalisilik asid ile başlandı ve medikal tedaviler eklendi. Malignite tanılı hastalarda Trousseau sendromu akılda tutulmalı ve hekimler malignite kaynaklı sekonder trombotik olayların gerçekleşebileceğini göz önünde bulundurmalıdır.

Anahtar Kelimeler

Acil Servis; Malignite; Trousseau Sendromu

Abstract

In 1865, Trousseau remarked that there was a possibility for an unforeseen or mobile thrombophlebitis to be a sign of an occult visceral malignancy. Trousseau's syndrome is often a comorbid of mucin-positive carcinomas in patients who have cancer and it includes chronic disseminated intravascular coagulopathy associated with microangiopathy, verrucous endocarditis and arterial emboli. 86 year old male patient who had a prostate cancer for 6 years came to our emergency department with a complaint of not being able to use his right hand. We founded that there was diffusion limitation in MR diffusion and cerebrovascular disease was diagnosed by MR diffusion. There was R segment losses in the inferior and anteroseptal leads of patients' ECG, had a QS pattern in the inferior leads. Serum samples had high levels of troponin. His treatment was started with 300 mg of acetylsalicylic acid and medical treatments were added. For patients who have had malignancy diagnosis, Trousseau's syndrome should be kept in mind and doctors should be alert for thrombotic events that may develop secondarily.

Keywords

Emergency Service; Malignancy; Trousseau's Syndrome

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Corresponding Author: Kenan Ahmet Turkdogan, Bezmialem Vakif University, Department of Emerge Istanbul, Turkey.
GSM: +905546807050 E-Mail: drturkdogan@gmail.com

Introduction

As a result of his clinical observations, Trousseau reported that some of the patients presented with unexpected, unusual or mobile thromboses later showed a visceral malignancy. In the process of any malignancy can not be explained by routine tests ischemic stroke, despite effective treatment for recurrent arterial and venous thromboembolic events is called Trousseau's syndrome (TS) [1].

4 etiologic factors have been defined for the development of cerebrovascular disease in patients who have cancer:

1) Direct tumor effects (embolism resulting from tumor and tumors that excrete mucin),

2) Coagulation defects,

3) Infections and therapeutics (tamoxifen, cisplatin)

4) Complications of diagnostic procedures (subendothelial tissue factor oscillation with trauma) [2].

A physician should be alert for the development of thromboses with no known reason that could be prevented with anticoagulation therapy with heparin but not with warfarin sodium and concentrate diagnostic efforts on exposing an underlying malignant lesion [1]. The purpose of this study was to review Trousseau syndrome through a patient whose history included a diagnosis of malignity and who came to our emergency room with an acute ischemic manifestation. In addition, we wanted to emphasize that patients who are thought to have Trousseau syndrome are inclined to a secondary thrombotic event through our case that had developed ACS when diagnosed with CVD.

Case Report

86 year old male patient came to our emergency room with a complaint of weakness in the right arm and difficulty of speaking. His general condition was good and his consciousness was clear, cooperative and oriented. There were in his histary DM and CVD. His physical examination revealed 2/5 muscle power in the right arm, 5/5 muscle power in the left arm and difficulty of speech. The patient's complaints had started 8 hours ago. His systemic examination showed that his fever was 37.2, his pulse was 98 and his blood pressure was 120 /80. His 12 derivation ECG showed normal sinus rhythm and ST depression at D2 D3 aVF. His laboratory results were as follows: wbc: 6.43 , hb: 12,7 , platelet 160 , BUN: 28.60 , creatinin: 1 and INR: 1,31. His computerized tomography did not show any specifications. His MR diffusion showed linear diffusion limitations on the left postcentral gyrus area and lacunar diffusion limitations on the right+left posterior cerebral artery area with lacuna large scale diffusion limitation on the left cerebral area. The patient's ECG showed ischemia, thus his cardiac markers were checked. The results were as follows: CK:148, CKMB:30, Troponin I: 11,537. Other laboratory and genetic datas were normal. Neurology department recommended 300 mg acetylsalicylic acid and the cardiology department recommended clopidogrel hydrogen sulfate, ramipril, tirmetadizine hydrochloride, isosorbide mononitrate, metoprolol and enoxaparin sodium treatment. His ECO showed that his EF was 55%, his septum basal was hypokinetic, his valves were degenerative and right cavities were dilated. DM, HT, SVH ve terminal dönem prostat ca sı olan hastaya anjio yapılmasına hasta ve hasta yakınlarından onam alınamadı. The patient who was hospitalized in the neurology service was discharged on the ninth day.

Discussion

Trousseau was the first person to suggest an association between venous thrombosis and malignancy in 1865. Hemostatic abnormalities vary from abnormal coagulation tests in the absence of clinical manifestations to massive, fatal thromboembolism [3]. Before the diagnosis of malignancy, thrombotic episodes may be present by months or years and can manifest in Trousseau's syndrome through migratory superficial thrombophlebitis [4]. Patients who have cancer are in a hypercoagulable state.

A patient who has Trousseau's syndrome generally has an occult tumor that is not always noticeable at the time of presentation. In case of discovery of a tumor, it is usually an adenocarcinoma. In a review of patients with Trousseau's syndrome, the following associated tumors were observed [5]: pancreas 24%, Lung 20%, prostate 13%, stomach 12%, acute leukemia 9%, colon 5%. The treatment is challenging; heparin is helpful in relieving some of the manifestations, while warfarin seems to have no effect [6]

Clinical thromboembolism is found in about 11% of patients with cancer [5] and it is considered to be the second leading cause of death in patients who have overt malignant disease [7]. For certain types of tumors, autopsy series have reported

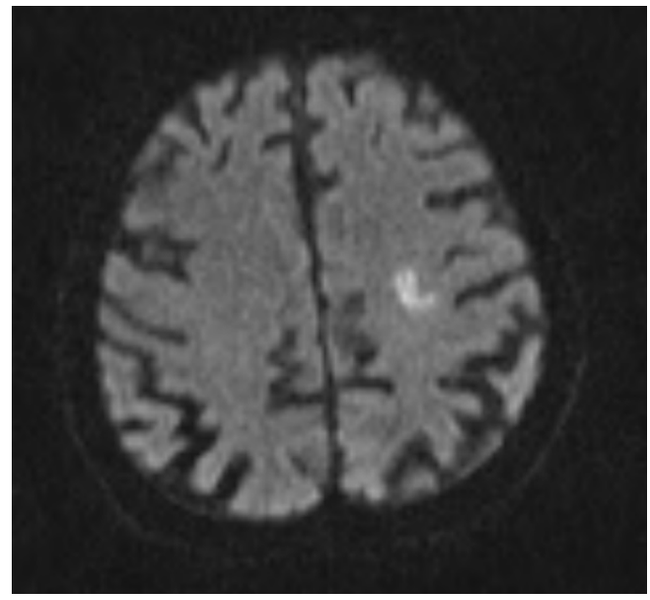


Figure 1. The patient's MR diffusion image

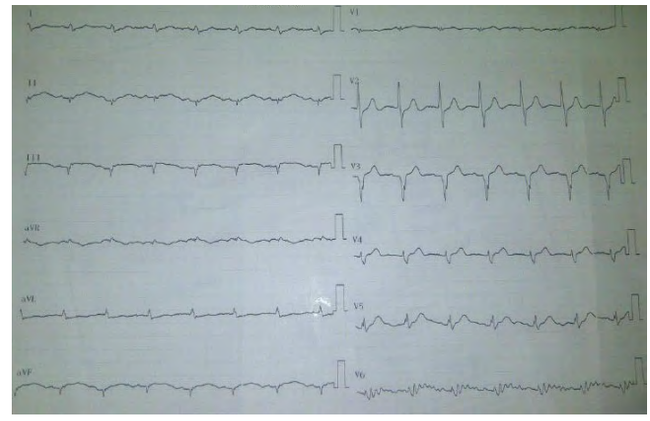


Figure 2. The patient's ECG image

even higher rates of thrombosis.

Trousseau's syndrome can be confused with recurrent cerebrovascular events and with Sneddon syndrome characterized by livedo reticularis. This syndrome is more often seen in women in their third or fifth decades [8].

As a conclusion;

1. Since patients who have malignancy history have a higher possibility of developing acute thrombus, these patients should be checked with more frequent intervals.
2. Physicians should be alert for secondary ischemia in cancer patients presenting ischemic manifestations such as acute MI or acute stroke.
3. Patients who have malignancy should have their systemic examination in the emergency services after their detailed history is taken and it should be taken into consideration that the patient's clinic can get worse at the follow-up.

Competing interests

The authors declare that they have no competing interests.

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