

Should This PFO Be Closed in a Patient With Cryptogenic Stroke?

Dominik M. Wiktor, MD, FACC

Assistant Professor of Medicine

Structural and Congenital Cardiac Interventions

University of Colorado School of Medicine



Disclosure Statement of Financial Interest

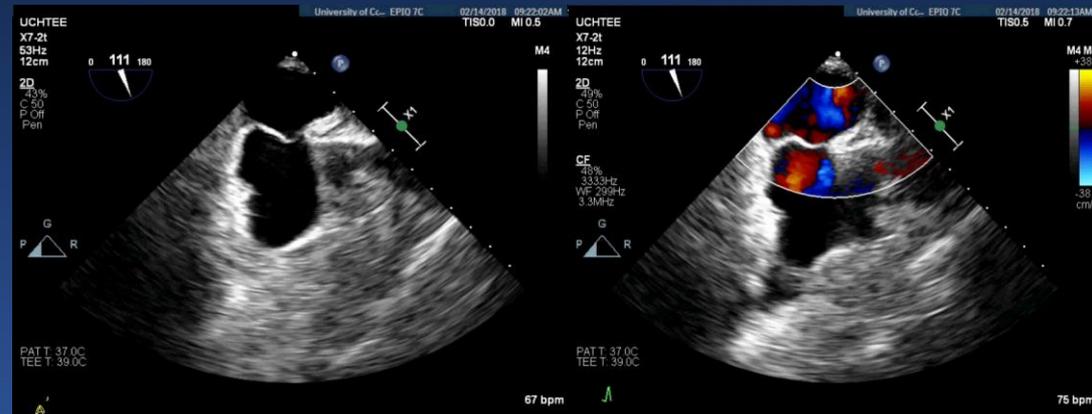
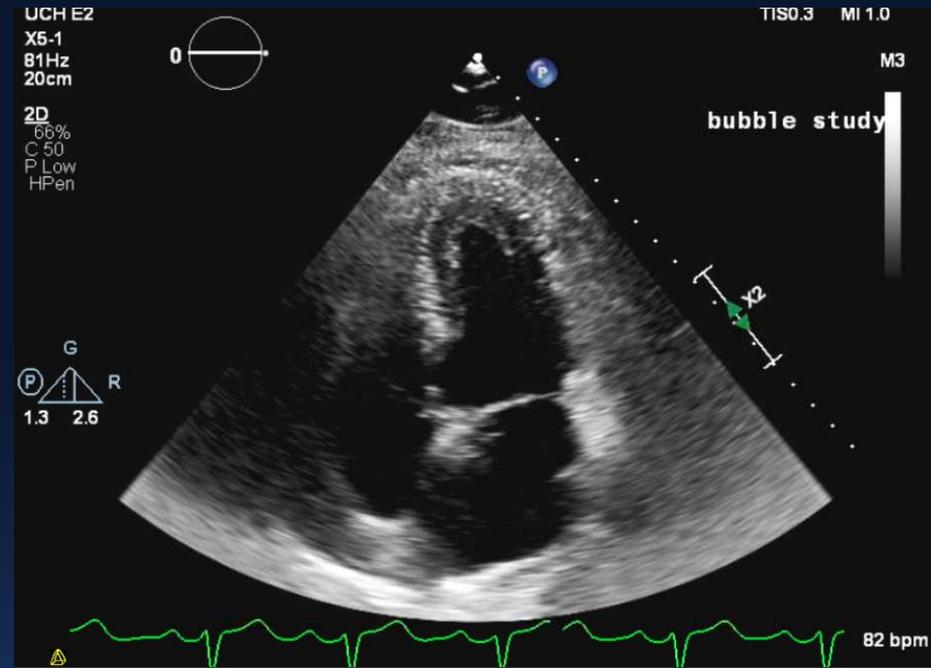
I, Dominik M. Wiktor DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Case 1

- 41 y/o woman with history of DVT (8yrs ago, while on OCP)
 - Presented with acute onset of L hemiparesis & aphasia
- Received IV tPA without significant improvement in neurologic deficits
- Subsequent cerebral angiography demonstrated R MCA M1 occlusion
 - Successful thrombectomy
 - Neurologic improvement

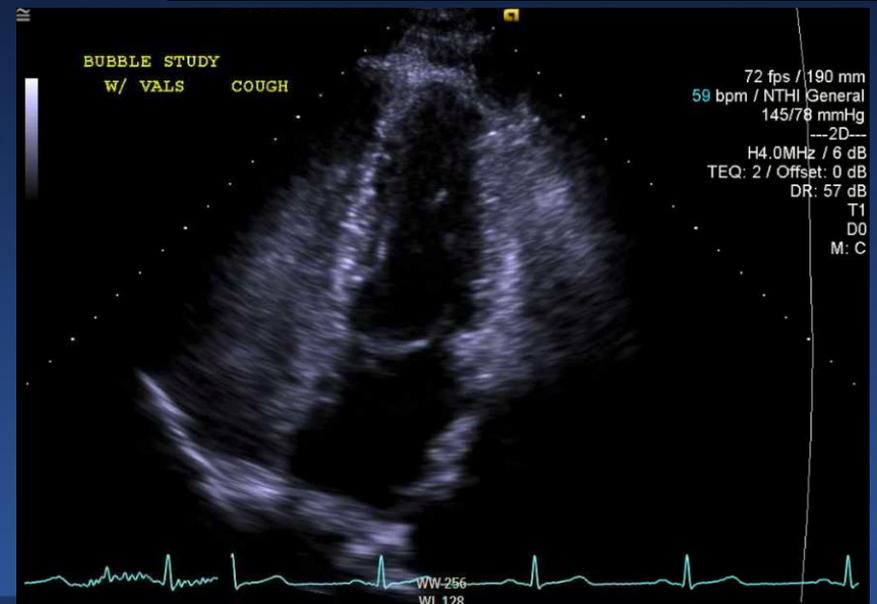
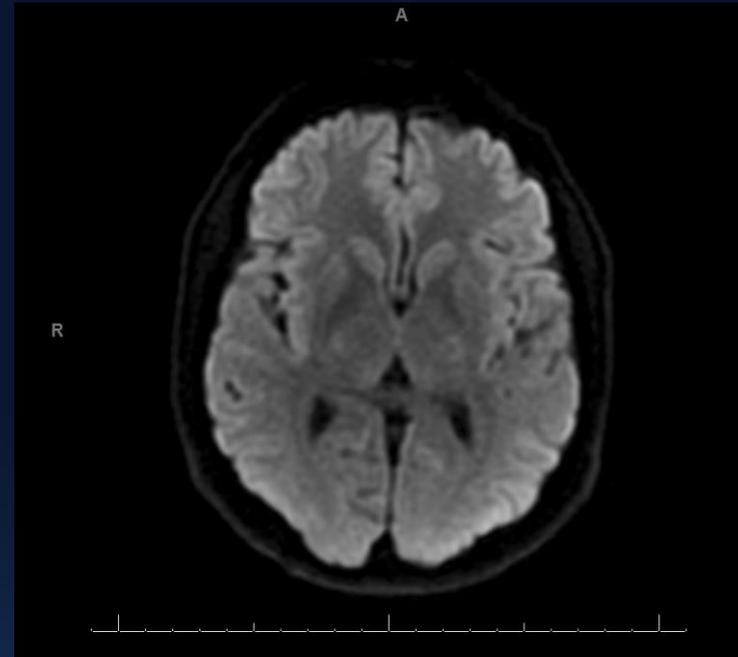
Case 1

- LE duplex U/S negative
 - MR venogram negative
- TTE/TEE



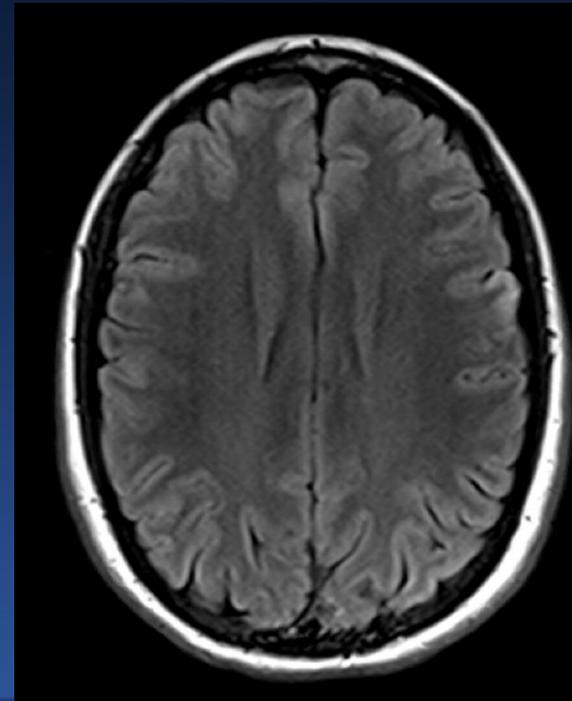
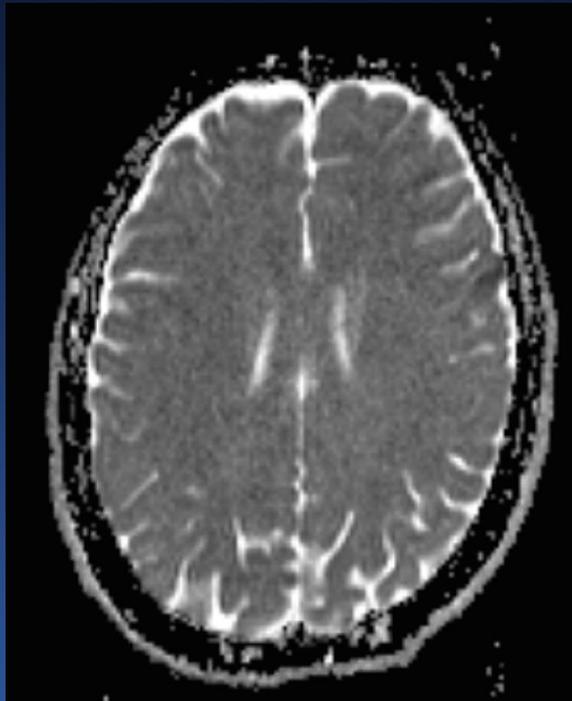
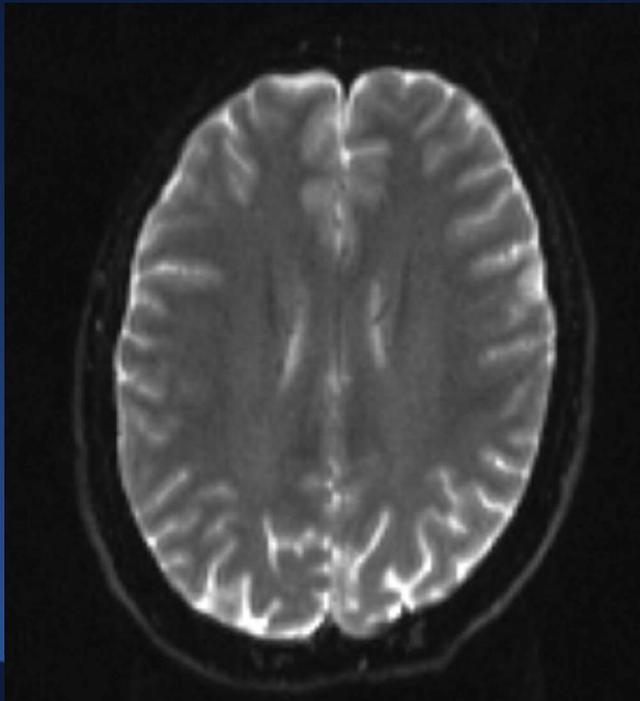
Case 2

- 53 y/o man with history of HTN, DLD
 - Sudden visual field deficits (R eye, lower lateral quad) 2 years ago
 - Started on Clopidogrel in addition to statin and ACE-i
 - R upper extremity weakness/numbness



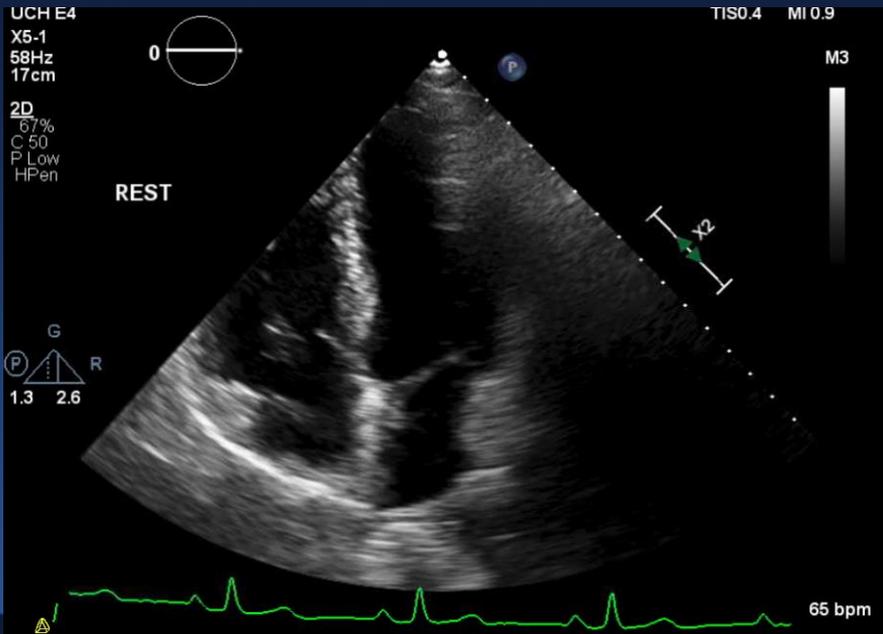
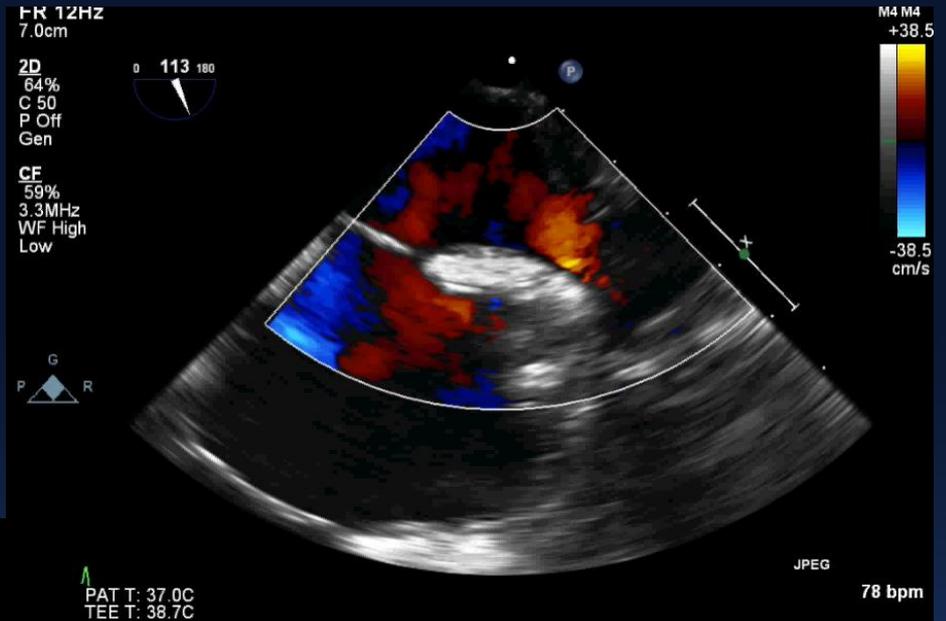
Case 3

- 34 y/o male smoker on estrogen therapy
 - Presented with sudden onset of speak difficulty (Brocas Aphemia)



Case 3

- Did not receive tPA
 - Neuro impairment slowly resolving
- TTE/TEE



Case 3

- **Patient has quit smoking but is unwilling to discontinue feminizing hormone therapy**
 - **Does this matter?**
 - **Would you recommend something different if she agreed to stop estrogen therapy?**

Which PFO Should Be Closed?

- **What is likelihood PFO is pathologic vs incidental?**
 - **Are there any clinical characteristics of the PFO or stroke distribution that are helpful?**
 - RoPE score
 - Multidisciplinary PFO clinic
- **Would any of these patients be enrollable in RESPECT?**
- **Modifiable risk factors?**

Final Thoughts

- **Patients with PFO in cryptogenic stroke are a diverse group**
 - **Small proportion fit neatly into guidelines/data supporting PFO closure**
 - **Robust PFO/Stroke Multi-D clinic is compulsory**
 - **Further RCTs needed to add discriminative ability with “grey zone” patients**