



Stroke or Stramonium? A novel stroke mimic

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Stroke mimics are important to be known, as they are possible causes of misdiagnosis in the acute setting of stroke management [1]. Moreover, treatment of stroke mimics carries a very low risk of iatrogenic hemorrhage. We report here an unusual case of stroke mimic.

A 64-year-old woman was admitted to our Emergency Room for acute onset of dysarthria, dysphagia, and mild impairment of consciousness. Neurological examination revealed impaired consciousness; the patient was drowsy, but partially responsive to verbal stimuli (she opened her eyes and was able to perform simple tasks upon request). She was not oriented in time and space. Glasgow Score was 13. Moreover, she showed dysarthria, mild dysphagia, and finger to nose dysmetria on both sides. No other neurological signs were found. NIH Stroke Scale Score was 4. Based on the abrupt onset and clinical presentation, she was considered in a possible acute ischemic stroke in the vascular territory of vertebrobasilar circulation. She underwent brain CT scan and CT-angiography (CTA). No early signs of ischemia and no occlusion of intracranial arteries were observed. Nevertheless, in presence of a clinical diagnosis of acute ischemic stroke, she was treated with intravenous r-TPA (0.9 Mg/Kg), within 2 h from symptom onset.

On follow-up, neurological examination after 24 h showed significant clinical improvement, with very slight dysarthria, associated to visual disturbances, reported as “seeing the water flowing on the wall.” One day later, two friends of her were admitted to a different hospital in serious conditions for *Datura stramonium* poisoning. They had ingested a “poisoned omelet” prepared by our patient with wild herbs collected in the countryside while they were together for a walk. In the following days, our patient showed complete regression of symptoms. A brain CT scan done 3 days after

the episode did not show any cerebral lesion. She was discharged with a diagnosis of *Datura stramonium* intoxication [2].

We present a case of unusual stroke mimic treated with intravenous r-TPA i.v., without bleeding complications. *Datura stramonium* is an hallucinogenic plant, which contains atropine, hyoscyamine, and scopolamine, which may induce symptoms like delirium, seizures, mydriasis, blurred vision, dry mouth with extreme thirst, tachycardia, nausea and vomiting, difficulties in swallowing and speaking, hyperthermia, loss of consciousness, and coma [3, 4]. Some of these symptoms can mimic a stroke, namely, in our case, dysarthria, dysphagia, and impairment of consciousness, with sudden onset, mimicking a vertebrobasilar stroke. According to the literature [1, 5], the use of intravenous thrombolysis appears to be safe in stroke mimics. Outcome of stroke mimic patients is generally favorable, and intracranial hemorrhage is less frequent than in patients with ischemic stroke [6]. The benefit of thrombolysis in case of ischemic stroke in selected cases may outweigh the risks of treating a stroke mimic [7]. The interest of our case is the reporting of this novel stroke mimic that should be added to the list. Finally, our case confirms and underline the low hemorrhagic risk of t-TPA in stroke mimics.

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