**FINDING CLOSURE AFTER CRYPTOGENIC STROKE**

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Stroke without an identifiable source - such as cardioembolic, atherosclerotic, or small vessel disease - are considered cryptogenic. Cryptogenic stroke accounts for 25-40% of ischemic strokes. One mechanism of cryptogenic stroke is paradoxical embolism which is the passage of venous emboli into the arterial system via a shunt. The most common intracardiac shunt is patent foramen ovale (PFO). PFO prevalence decreases with increasing age. We report a case of cryptogenic stroke in a woman aged 71, with a PFO, concomitant venous thrombosis and cryptogenic stroke. A 71 year old female with history of prior CVA at age 20, hypertension, diabetes, and COPD, presented to the ED with sudden onset of left sided weakness and slurring of speech. She was admitted for acute stroke and underwent extensive neurologic workup including MRI brain which demonstrated multifocal acute infarction of right temporoparietal region. Transthoracic echocardiogram with contrast study revealed massive interatrial shunt that allowed passage of abundant amount of bubbles to the left atrium. This was followed up with transesophageal echocardiogram which confirmed a large PFO. Ultrasound of lower extremities showed DVT in distal left superficial femoral and popliteal veins which was thought to be the source of the acute infarction. Anticoagulation therapy was initiated and was planned to undergo PFO closure. Successful PFO closure was performed with no residual shunt seen on TEE. The goals of management in acute stroke should be to be identify the source and if possible treat their cause to prevent recurrence. With respect to the above case, a PFO closure device was introduced as a secondary prevention of ischemic stroke. The efficacy of PFO closure as a prevention for ischemic stroke has been an ongoing dilemma. Recent studies have shown that compared to antiplatelet therapy alone, PFO closure is more effective in preventing recurrent ischemic stroke. It is recommended in all patient below 60 years of age with embolic stroke with confirmed PFO and above 60 years of age who present with cryptogenic shock and PFO in the setting of DVT status post appropriate duration of anticoagulation therapy would benefit from PFO for secondary prevention.