of severe CAA complications in the course of dementia with Lewy bodies (DLB). Finall diagnosis of DLB was made postmortem on the basis of typical histological changes in association with a progressive intellectual decline in a clinical manifestation of disease. Focal subarachnoid hemorrhage and many hemorrhagic as well as ischemic cerebral lesions were seen on brain autopsy. Microscopic findings, demonstrated immunohistochemically, were typical of DLB with concomitant severe CAA. Severe CAA was a cause of many focal subarachnoid and intracerebral hemorrhagies as well as brain ischemic necroses, which led to lethal outcome.

A. ŚLIWIŃSKA[1], J. JĘDRZEJEWSKA J[1], M. BUKSIŃSKA-LISIK[2], W. DYK[4], K. KOTLIŃSKI[4], M. JASIŃSKA[5], A. CZŁONKOWSKA[1,3]

Sewing needle as a cause of haemopericardium: unusual complication after stroke treatment with i.v. rtPa

[1]Second Department of Neurology, Institute of Psychiatry and Neurology, Warszawa, Poland
[2]Department of Cardiology, Central Railway Hospital, Warszawa-Międzylesie, Poland
[3]Department of Experimental and Clinical Pharmacology, Medical University, Warszawa, Poland
[4]1st Department of Cardiosurgery, Institute of Cardiology, Warszawa, Poland
[5]Department of Anesthesiology, Institute of Cardiology, Warszawa, Poland

Case report

A 68-year-old man was admitted to hospital 2 hours after the stroke onset and received i.v. rtPa treatment. About 2,5 hours after termination of rtPa infusion, suddenly symptoms of cardiogenic shock appeared. ECG and cardiac enzymes levels showed no sign of acute myocardial infarction. Dopamine infusion and fluids were administered and the patient's condition got gradually better and remained stable. Transthoracic echocardiograhy showed pericardial and left pleural effusion, concentric left ventricular hypertrophy (2,0 cm) with preserved systolic function and catheter-like, metallic object in the left ventricle.

CT chest scan confirmed the presence of linear foreign body of 66 mm length, localized in septum and protruding to left ventricle of the heart.. No marks of stabbing or other chest injuries were detected, the patient denied swallowing a needle. He was operated on in Cardiosurgical Department with the use of ECC (extracorporeal circulation) and a 70 mm sewing needle was successfully removed from the left ventricle. The surgeons found the ulceration of back wall of pericardium, as an evidence of passing the needle from oesophagus.

Discussion

Just few cases of sewing needle in the heart have been reported in the medical literature. Haemopericardium is a very rare complication of thrombolytic treatment of stroke. We have found 4 cases of cardiac tamponade after rt-Pa treatment of stroke, but probably caused by subacute undetected myocardial infarction. To our best knowledge, the presented case is the first one with such

M. KRAWCZYK[1], M. SYCZEWSKA[2]

Objective measurement of post-stroke motor deficit. It's goals and perspectives. Pilot study

[1]Second Department of Neurology, Institute of Psychiatry and Neurology, Warsaw, Poland, [2]Department of Pediatric Rehabilitation, the Children's Memorial Health Inst., Warsaw, Poland

Clinical evaluation of stroke patients is very seldom to comprise all problems because of vast range and variability of motor disorders after cerebral vascular incident (Cva). Measurement of motor abilities progress which is based on observation often simplifies distinct changes and it doesn't distinguish subtle differences. In this circumstances verifying of treatment methods is limited only for obvious and typical pathomechanisms.