

## Ischemic Strokes as a mimicker Multiple Sclerosis

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**Objective:** The aim of this case report was to describe the clinical, radiological and immunological findings of a case of ischemic stroke due to acute thrombosis of the left internal carotid artery and multiple watershed infarctions mimicking multiple sclerosis (MS).

**Clinical Presentation and Intervention:** A 24-year-old right-handed Iranian woman was initially diagnosed with MS. She presented with weakness in right lower limb. The cerebral fluid attenuation inversion (FLAIR) magnetic resonance imaging (MRI) showed few small and round lesions in deep white matter, semi-oval centroms, paraventricular region and subcortical region on left hemisphere. MS was suspected. The patient's neurological status worsened, after four days she presented hemiparesis, dysarthria, hemifacial paresis. The cerebral diffusion-weighted magnetic resonance imaging (DW-MRI), apparent diffusion coefficient (ADC), Duplex scan (DS), complete blood count (CBC), coagulation, blood chemistry, blood lipids, and autoimmune and immunodiagnostic pathology were done. Mild inflammatory syndrome, test for anti-double stain DNA, IgG anti-cardiolipin antibodies, and lupus anticoagulant were positive. DNA bound lactoferrin, anti-Sm antibodies, Anti-Sjögren's-syndrome-related antigen-A auto-antibodies, and IgM anti-cardiolipin antibodies, IgG and IgMfosfatildilserin and anti-beta 2 glycoprotein were negative. The patient proved to have an ischemic stroke due to acute thrombosis of the left internal carotid artery and multiple watershed infarctions. Heparin and after that Warfarin therapy was started. She was currently treated with warfarin, Hydroxychloroquine (200 mg/d) anti vitamin K, and symptomatic. The outcome was favorable.

**Conclusion:** Our case presented with clinically susceptible symptoms of MS but found to have stroke after neurological assessment with overlap systemic lupus erythematosus.

**Keywords :** Ischemic Strokes , Mimic , Multiple Sclerosis