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Síndrome de Ondine adquirido. Primer reporte de una complicación del tratamiento endovascular de la arteria subclavia

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Consent/ethical statement: all the risks, benefits, alternative and specific details about the device and the procedure to be performed were explained to the patient. Patient accepted the surgery and publication of the case. Our study was carried out in accordance with the ethical standards from the 1964 Declaration of Helsinki.

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Artificial intelligence: The authors declare that no artificial intelligence (AI) or AI-based tools were used in the preparation of this article.

CASE REPORT

An 81-year-old male with significant cardiovascular risk factors was admitted for management of colon angiodyplasia (ascending colon), presenting with substantial blood loss and hemodynamic compromise. During hospitalization, the patient developed acute symptoms in the left upper extremity, including cyanosis, coolness, and marked motor deficit with loss of strength up to the elbow, as well as sensory loss in the forearm and hand. The subclavian artery occlusion was suspected to result from local thrombosis of an atherosclerotic plaque in the context of hypovolemia.

Urgent revascularization of the left subclavian artery was performed. The initial thrombectomy attempt using a Fogarty catheter was unsuccessful due to navigation failure. Due to the confirmed thrombotic etiology, an endovascular procedure was performed using a covered balloon-expandable stent to prevent distal embolization. Despite the technical success of the procedure, the patient subsequently developed neurological deterioration. Magnetic resonance imaging (T2-weighted MRI) revealed an infarction of the medulla oblongata involving the central respiratory center, consistent with a stroke. The etiology was attributed to thrombus migration through the vertebral artery during the intervention.

This case highlights the complexity and potential risks associated with endovascular revascularization in patients with significant comorbidities and underlines the importance of vigilant neurological monitoring following such procedures.

DISCUSSION

Ondine's curse encompasses all conditions characterized by the spontaneous onset of life-threatening hypoventilation. Although a congenital etiology is widely recognized, an iatrogenic focal lesion involving the dorsolateral segment of the medulla oblongata can reproduce this syndrome, with equally catastrophic consequences. This rare but serious complication must be considered when treating the prevertebral segment of the subclavian artery, as injury to this

region may result in the development of Ondine's curse. Affected patients would require permanent respiratory support (Fig. 1).

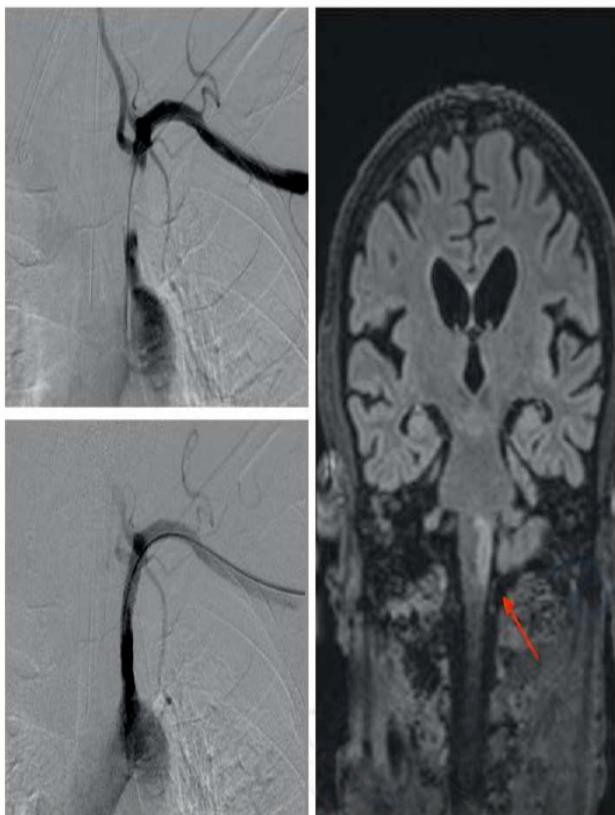


Figure 1.

RECOMMENDED REFERENCES

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