

Review of: "Unilateral Posterior Spinal Cord Ischemia due to a Floating Thrombus: a case Report"

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Potential competing interests: No potential competing interests to declare.

I would like to thank to the authors for presenting this interesting case, it was quite hard to make adequate diagnosis.

Aortic arch embolisation as a cause of an ischaemic stroke is not an uncommon issue at all. Beside carotid bifurcation atherosclerotic disease, it is one of the most common places for arterio-arterial embolisation from atherosclerotic plaques.

You presented a image of thrombus being present in the distal ascending aorta, however I would tend to count this more like arch lesion, although strictly speaking it is not aortic arch. I agree that the first line treatment should be a conservative one. It actually proved to be beneficial for patients.

My questions is more why you choose dual antiplatelet therapy protocol instead of oral anticoagulations which are usually recommended for this kind of pathology on descending aorta?

Also, did you consider doing cerebrospinal fluid (CSF) drainage, since you were mentioning in the discussion part dedicated to the vasogenic oedema? Do you think this could help the patients? We know from the surgery on descending aorta that CSF drainage might aid patients with spinal cord ischaemia (SCI)?

Can you tell us more about his further follow-up visits? Did he recover? What was like the control CTA?