9th European
Cardiology Conference

September 08-09, 2025

Webinar

A rare case of intracerebral hemorrhage as the initial presentation of hypertrophic cardiomyopathy with wolff-parkinson-white syndrome in a young male

Christine J. Yecyecan
Zamboanga Doctors' Hospital, Philippines

Hypertrophic cardiomyopathy (HCM) and Wolff-Parkinson-White (WPW) syndrome are distinct cardiac conditions that rarely coexist. While HCM is typically associated with embolic stroke, particularly in the presence of atrial fibrillation, intracerebral hemorrhage in such cases is exceedingly rare. This report describes a unique case of a young male presenting with non-thromboembolic stroke in the setting of HCM and WPW.

Case Presentation: A 36-year-old male with no known comorbidities presented with sudden-onset right-sided paralysis. He denied headache, chest pain, palpitations, or illicit drug use but admitted to binge alcohol drinking. On arrival, vital signs showed severe hypertension (BP 260/160 mmHg), with slurred speech and complete right-sided hemiplegia. Cranial CT scan revealed an acute intraparenchymal hemorrhage in the left fronto-parieto-temporal lobe. Electrocardiogram showed a short PR interval and delta wave consistent with WPW, while two-dimensional echocardiography revealed findings diagnostic of HCM. No atrial fibrillation was noted on 24-hour Holter monitoring. Laboratory workup revealed subclinical hyperthyroidism and mild renal dysfunction. The patient was managed with intravenous nicardipine, tranexamic acid, hypertonic saline, and dexamethasone. Propranolol was initiated for its multifaceted role in HCM, WPW, and hyperthyroid state. The patient remained hemodynamically stable, with gradual neurologic improvement noted during rehabilitation. Serial ECG monitoring was advised to detect any arrhythmias, particularly atrial fibrillation.

Conclusion: This case highlights an uncommon presentation of HCM with WPW manifesting as hypertensive intracerebral hemorrhage in a young adult. It underscores the need for comprehensive cardiovascular and neurologic assessment in young stroke patients and demonstrates the importance of individualized pharmacologic strategies in managing complex cardiac and endocrine interactions. Early recognition of such rare overlaps can guide appropriate treatment and prevent future complications.

Biography

Christine J. Yecyecan, MD is a second-year Internal Medicine resident at Zamboanga Doctors' Hospital in Zamboanga City, Philippines. A proud Zamboangueña, she is dedicated to advancing clinical knowledge through the integration of evidence-based medicine and real-world case applications. During her first year of residency, Dr. Yecyecan presented a rare case of progesterone hypersensitivity at the 37th World Congress of Internal Medicine (WCIM 2024) held in Prague, Czech Republic. Her clinical interests include endocrinology, cardiology, and nephrology. She plans to pursue subspecialty training and continue contributing to research and academic development in internal medicine.

Received: 16 July, 2025; **Accepted**: 19 July, 2025; **Published**: November 28, 2025