Recurrent Ischemic Strokes with Methylenetetrahydrofolate Reductase Homozygosity, a Coincidence or Consequence?

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## Background

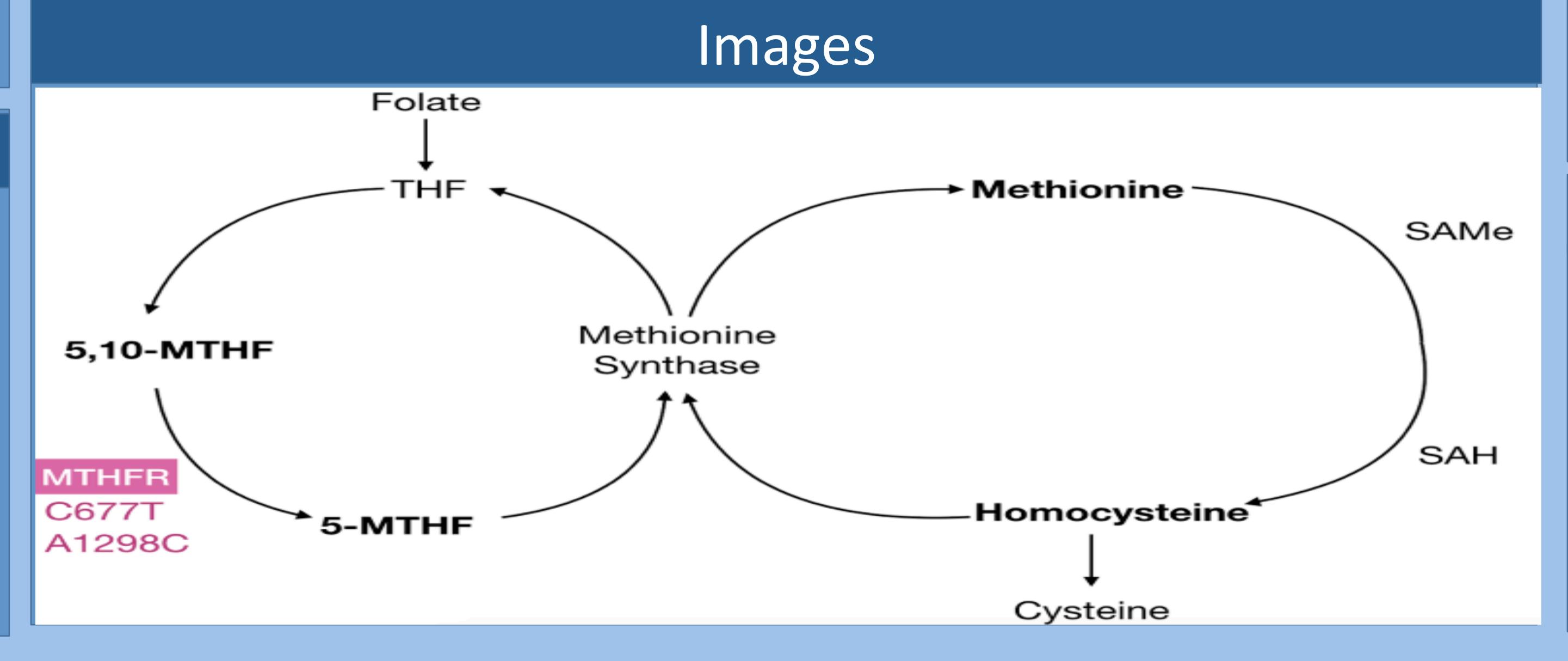
- Ischemic strokes are a leading cause of death and disability in the developed world
- Effective prevention is an important strategy to reduce the overall burden of stroke
- Methylenetetrahydrofolate reductase (MTHFR) involved in folate metabolism catalyzes the formation of 5methylentetrahydrofolate, which is the main circulatory form of folate
- Mutation in the MTHFR gene is associated with hyperhomocysteinemia, which increases risk for venous thrombosis, vascular diseases and thus stroke

## Case description

- A 51 year old male with a past medical history of Diabetes, Hypertension, and MTHFR homozygosity with a prior history of multiple ischemic strokes presented with slurred speech, right sided facial droop, and left arm weakness for 4 days.
- His symptoms initially improved, but then worsened in severity which resulted in a presentation of the patient to the emergency department. An MRI of the brain identified an acute pontine stroke.

#### Discussion

- A common polymorphism in the gene encoding the MTHFR enzyme, which converts dietary folate to its active cofactor in homocysteine catabolism has been studied as a genetic risk factor for stroke
- As T allele dose increases, this polymorphism causes a graded elevation in total homocysteine, which is most pronounced in individuals with low dietary folate consumption
- Laboratory and clinical studies have indicated that elevated total homocysteine may promote atherosclerosis and cause endothelial dysfunction resulting in a possible association with total homocysteine and strokes.
- Dietary folic acid intake inhibits the influence of the MTHFR substitution on plasma homocysteine, by facilitating homocysteine remethylation to methionine.



### Conclusion

- Folate supplementation may have a benefit among homozygotes or heterozygotes, or in populations where the prevalence of a certain genotype is high.
- Our patient received guideline directed medical therapy for secondary stroke prevention. However, a consideration for patients with this genetic polymorphism is that they may benefit from folate supplementation in addition to the usual secondary stroke prevention medications.
- This association may have to be studied further.

#### References

- Madonna P, de Stafano V, Coppola A, et al. Hyperhomocysteinemia and other inherited prothrombic conditions in young adults with a history of ischemic stroke. Stroke 2002;33:51–56
- Rozen R, Genetic predisposition to hyperhomocysteinemia: deficiency of methylenetetrahydrofolate reductase. Thromb Haemost 1997;78:523-526.
- Kelly PJ, Rosand J, Kistler JP, et al. Homocysteine, MTHFR 677C!T polymorphism, and risk of ischemic stroke: results of a meta-analysis. Neurology 2002;59:529-536