

# Amanda Horne

## 18 years old

Amanda Horne, at age eighteen, is the youngest patient to have received stroke reversal treatment at Saint Luke's Stroke Center. Amanda was home from college and enjoying her day off from work. She was doing her laundry when the stroke struck. Her mother, Glenda Miller, was at work. Glenda acted on her intuition; when she got the phone call, she knew Amanda was in serious trouble based on very little information.



*Amanda: I had just awakened. I did some laundry and grabbed breakfast. Before I went online, I called my mom. Suddenly I was very dizzy [she was sitting down] and felt like I was about to pass out. When mom answered the phone, I said, "Mom, I think I'm going to pass out." And then I couldn't talk.*

*Glenda: When my phone at work rang, I recognized it was Amanda's cell phone. Amanda said, "Mom, I feel like I'm going to have a – I feel like I'm going to pass out." Then I could hear movement like a hand rubbing against material – a rustling sound; nothing else. I immediately called her back. The phone was answered, but no one spoke. I said, "Amanda, are you okay?" Then I heard a whisper, "No." I asked, "Amanda, where are you?" Again, she answered in a whisper, which sounded like "home."*

Something was very wrong with Amanda! Amanda rarely called her mother at work. Glenda recognized the caller I.D.

number as Amanda's cell phone. Their conversation ended abruptly, and Amanda's last words were, "no" and "home." Glenda, who knows CPR and is a trained first responder, left work immediately after Amanda's cell phone went unanswered. Later Amanda did not remember telling her mom that everything was not okay and that she was at home.

*Amanda: I told Mom that I was about to pass out. I got into bed because it felt like somebody was on top of me. I tried to talk to Mom on the phone, but I could not talk. I got into bed, figuring I would sleep it off and feel better when I woke up. I tried to dial 911 but I could not operate the phone. I have my boyfriend's number on speed dial and I must have dialed him but I do not remember that either. Then I dropped the phone behind the bed.*

She had called her boyfriend but was unable to talk. He tried to call back.

*Amanda: When the phone dropped, I heard that I had a message from my boyfriend. It went "beep, beep" like, "you've got a message." By then the phone was on the floor by my bed but I couldn't get to it. I could barely move. I did not know what was happening to me.*

By this time Amanda's mom had arrived and was in Amanda's room.

*Glenda: She was lying across her bed. She grabbed my arm with a "death grip," a white-knuckled grasp on my arm. She wasn't responding, didn't turn her head and wasn't speaking. Her glasses were askew. As I turned her head toward me, I could see she had been regurgitating. Her hair was covered*

*with clear, sticky fluid. Her eyes were closed. She wasn't aware. She had grabbed me but she was not really conscious.*

*Amanda: After I dropped the phone, I blacked out. I don't remember grabbing my mom's arm or anything.*

Glenda called 911 and waited. When they got there, the first responders had many questions.

*Glenda: I think they thought Amanda had had a stroke but they said that was very unlikely at age 18. They thought there might have been bleeding in the brain. They wanted to know the last time anyone had talked to her. I told them that her last spoken words were at 10:30 a.m. I knew because I had been looking at the computer clock when she called. They transported her to Saint Luke's South Hospital.*

Luckily, the CT scan, which was done immediately, did not show any bleeding in the brain. The Stroke Center at Saint Luke's Hospital was notified, and the first dose of clot buster drug (intravenous tPA) was given in the emergency department at Saint Luke's South. The dose was given at 11:15 a.m. – only forty-five minutes after Amanda had become paralyzed and unresponsive.

*Glenda: Before we left the emergency department at Saint Luke's South, the doctor got all the family members together and asked if we wanted to see Amanda one more time. I don't think he expected her to make the transport alive.*

*When we got to Saint Luke's Stroke Center, the stroke team was like a finely tuned machine. There were several doctors and nurses. Everyone was doing something different, but they were*

*all functioning completely together. It was amazing! The neurointerventional radiologist discussed the different procedures they might have to do, depending on what they found. He told us about the corkscrew and about four other techniques to remove the clot. It was amazing that we had so many choices. They explained everything very carefully. I signed the paper authorizing the procedures. Then Amanda was swept away. And we were left to wait.*

It was not much of a wait.

*Glenda: She left for the clot removal at 1:30 p.m. Already at 1:50 p.m. the clot was removed. So, three hours and twenty minutes after her last words, the clot was removed and the blood (to the brain) was restored. The doctor brought us the clot in a jar. It was all over. They had used the corkscrew catheter to remove the clot.*

In twenty minutes a very large clot was removed from the basilar artery. Basilar artery clots are 80-90 percent fatal. Amanda's recovery was quite fast. She already began to communicate in the intensive care unit.

*Glenda: She pointed at us and said, "I can understand you. I can understand you. I can understand the TV." She told us she had not understood us before – it was quite a change. She indicated that before the reversal, she could hear us talking but she could not understand.*

*One hour after her clot removal she could wiggle her fingers and her toes! The day after her stroke reversal the doctor examined her and said, "Amazing." She was lifting her legs,*

*holding them up for ten seconds, raising her arms over her head, holding them both up, smiling, and everything was in sync. Her speech was also improving although it wasn't yet back to normal.*

The hunt for the clot's source detected a PFO in the heart. (PFO – a hole between the upper chambers of the heart that normally closes at birth. Twenty percent of the time it doesn't close completely.)

Amanda's hospital course was longer than anticipated because she developed increased intracranial pressure, which required that some of the spinal fluid be drained. After that problem was resolved, she left the hospital to finish her rehabilitation nearer her home. She spent four weeks in rehabilitation and then returned home. At the time of this interview, she was preparing to go back to college.

*Amanda: Every day gets a little bit better, but this whole thing seems like a dream, not reality. I know what happened but it is hard to accept. I want to go back to college because it'll feel more normal again.*

The stroke team members asked Glenda how she knew that Amanda was in serious trouble when she called her the morning of her stroke.

*Glenda: You know your kid. That was not her voice. When I asked her if she was okay, she just whispered, "No ..."* And when I asked where she was, all she was able to say was "home." I knew something was wrong.

Amanda knows how fortunate she is. In rehabilitation she saw other stroke victims who did not have the benefit of stroke reversal and it made her sad.

*Glenda: She cried. She was upset that most older people [who experience a stroke] don't get back to fully functioning lives. They get part of it back, but they don't get it all back – certainly not what Amanda has gotten back.*



## COMMENTS

Glenda's alert response, the correct diagnosis in the emergency department, the immediate transfer to Saint Luke's Stroke Center and the quick clot removal with the Merci® Retriever resulted in Amanda's successful stroke reversal. There is no substitute for early detection and speedy intervention. If this stroke had gone untreated, Amanda would have had an 80-90 percent chance of dying.

Amanda missed no school and returned to college for the beginning of the fall semester.

