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A Case of Possible Cerebral Amyloid Angiopathy Presenting with Diffuse Cerebellar Hemosiderosis

Yaygın Serebellar Hemosiderozla Giden Olası Bir Serebral Amiloid Anjiyopati Olgusu

Selen Gür Özmen, Özlem Güngör Tunçer*, Reha Tolun**, Yakup Krespi***

Iğdır State Hospital, Department of Neurology, Iğdır, Turkey

*İstanbul Bilim University, Department of Neurology, İstanbul, Turkey

**Memorial Service Hospital, Department of Neurology, İstanbul

***Memorial Şişli Hospital, Department of Neurology, İstanbul, Turkey

Cerebral amyloid angiopathy (CAA) is a cerebrovascular pathology that is caused by amyloid accumulation in the media and adventitia layers of the small and large cerebral arteries (1). The definitive diagnosis requires an autopsy but any cortically located microhemorrhages or superficial cortical hemosiderosis seen in blood-sensitive MR sequences are also in line with this diagnosis (2). Boston Criteria were described for the detection of CAA in living patients (3).

The superficial siderosis of the central nervous system (SSCNS) is a rare condition seen as a result of hemosiderosis' accumulation in the brain, spinal cord and the subpial layers of the cranial nerves (4). Superficial siderosis, seen especially in posterior cavity structures and cerebellar locations is rare in CAA.

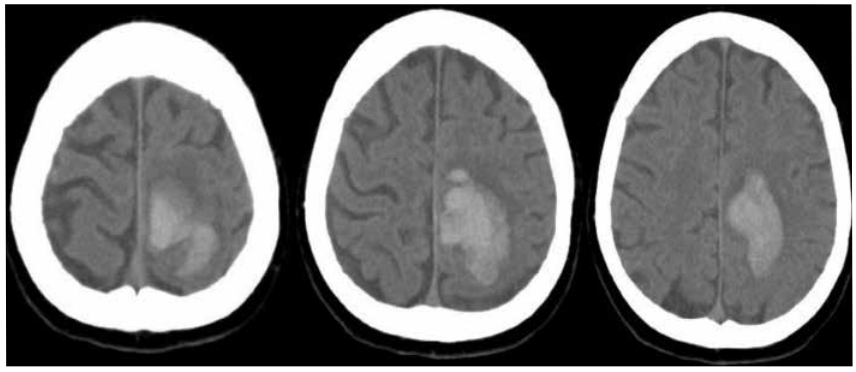

Figure 1: A parasaggitally located, 5x3x3 cm sized parenchymal hematoma was found in the frontoparietal convexity in the cranial CT performed at the admission.

The 60-year-old male patient consulted to us with right leg paresis with acute onset. His cranial CT showed 22.5 cc left frontoparietal intracerebral lobar hematoma (Figure 1). The gyral areas without signal in the right temporopolar region, superior regions of both cerebral hemispheres and vermis seen in the cranial MR gradient echo sequence were determined as superficial hemosiderosis (Figure 2). Foci of microhemorrhage were detected in the left thalamic, right insular subcortical, left frontal and right frontal paramedian and supratentorial areas. Intracerebral hematoma was drained. The patient who did not have a history of hypertension was seen to be hypertensive during the acute stage but he returned to a normal state during the subacute stage. Amyloid accumulation was not seen in the Congo red staining of the perihematomal brain tissue obtained with biopsy. His history did not indicate the uses of anticoagulants, antithrombocyte medicine, alcohol or amphetamine. Cerebral arteriovenous malformation (CAM), aneurism and tumor were ruled out after the imaging. The vasculitis markers were negative in the patient who did not have thrombocytopenia. It was reasoned that he met the Boston criteria for possible CAA.

Key words: Cerebral amyloid angiopathy, cerebellar superficial siderosis

Anahtar Kelimeler: Serebral amiloid anjiyopati, serebellar süperfisiyel sideroz

Address for Correspondence / Yazışma Adresi: Selen Gür Özmen MD, Iğdır Devlet Hastanesi, Nöroloji Bölümü, Iğdır, Türkiye
Gsm.: +90 533 934 26 55 E-mail: drselenozmen@gmail.com **Received / Geliş Tarihi:** 16.04.2013 **Accepted / Kabul Tarihi:** 24.05.2013

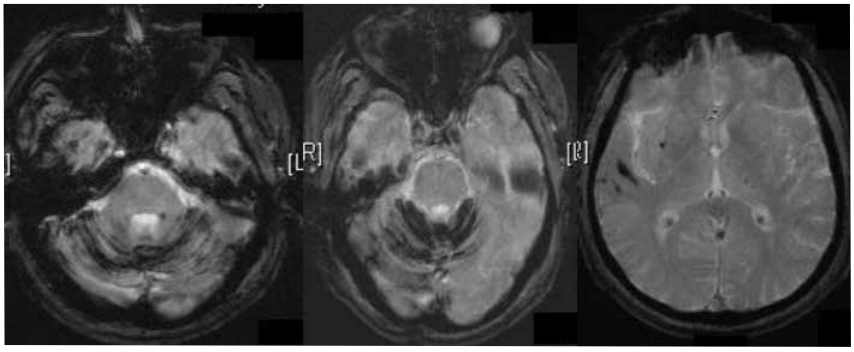

Figure 2: The gyral areas without signal in the right temporopolar region, superior regions of both cerebral hemispheres and vermis seen in the cranial MR gradient echo sequence were determined to be superficial hemosiderosis. Subcortical microhemorrhage foci can be seen in the upper slices.

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