

A PICTOGRAM OF A MALE WITH STATUS EPILEPTICUS AND A HISTORY OF ISCHEMIC STROKE

MAHMUD R

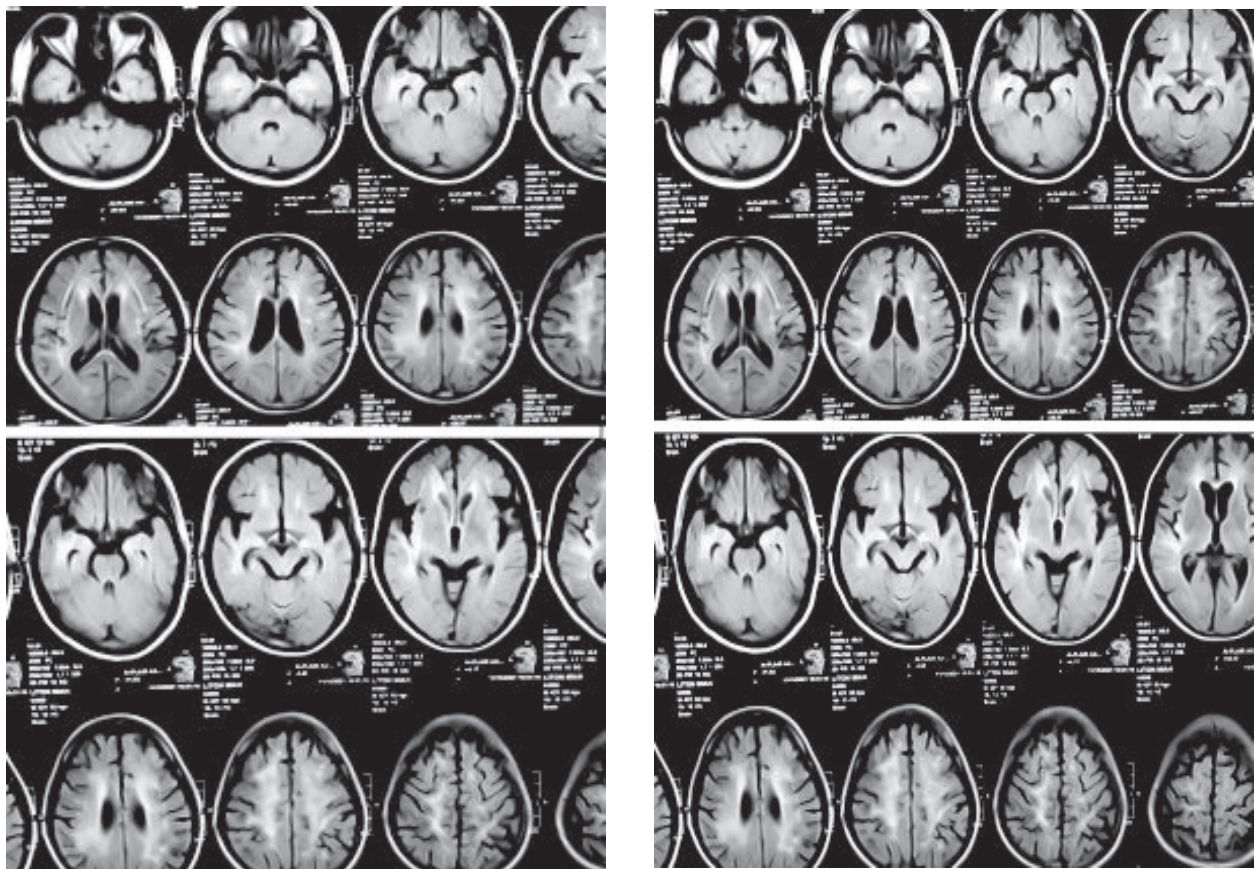
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A 42 years male was admitted to the Neurology outpatient department of Dhaka Medical College with repeated unremitting seizures for one day. He had a history of ischemic stroke with right hemiparesis five years back. He had episodic, hemicranial to a global throbbing headache for

the last ten years. It was associated with vomiting, photophobia, and phonophobia

Questions:

What are the findings shown in the pictures?
What is the clinical diagnosis of the patient?
What are the differentials of this MRI?



MRI of the brain in FLAIR sequence and multiple axial views. It shows FLAIR hyperintensities in the- a. periventricular white matter, b. Right external capsule, and c. bilateral anterior temporal poles. There are also lacunar infarcts in the deep white matter.

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This case is of a young stroke and associated migraine headache with no vascular risk factors. There are characteristics of MRI changes of CADASIL. (Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy)

Case discussion:

CADASIL (cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy) is an autosomal dominant disorder. It results from a mutation on chromosome 19p13.12 involving the *NOTCH3* gene. The disease is diagnosed in the clinical background of young stroke migraine

likes headaches and characteristics imaging changes. Here subcortical white matters are diffusely involved. But the involvement of the anterior temporal lobe and external capsule is prototypal. There is relative sparing of the occipital and orbitofrontal subcortical white matter. Some times they may also present with epilepsy

Differentials of this MRI:

1. Mitochondrial encephalomyopathy with lactic acidosis and stroke-like episodes (MELAS)
2. Primary CNS vasculitis
3. Herpes encephalitis