Cerebral Amyloid Angiopathy With Asymmetric Superficial Hemosiderosis and Transient Focal Neurological Symptoms

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Keywords

cerebral amyloid angiopathy, superficial hemosiderosis, transient focal neurological episodes

Case Summary

An 84-year-old right-handed male presented with transient episodes of left face and arm numbness, resolving in minutes. He had experienced these episodes for 2 years and was treated with levetiracetam at an outside hospital without improvement. Computed tomography (CT) showed a small right frontoparietal high-convexity hemorrhage (Figure 1A). Magnetic resonance imaging revealed superficial cortical hemosiderosis exclusively in the right hemisphere (Figure 1B-D). The CT angiogram of the head and neck ruled out vascular

anomalies. Electroencephalogram indicated right central-parietal slowing without epileptiform discharges. Lamotrigine was added and he was discharged asymptotically.

Discussion

In addition to lobar intracerebral hemorrhages and microbleeds, superficial hemosiderosis (SH) has been frequently reported in cerebral amyloid angiopathy (CAA) with prevalence up to 60%.¹ SH has been proposed as a supplement to the classic Boston Criteria.^{1,2} Transient focal neurological episodes (TFNEs) occur in 14% of the patients with CAA, and are more frequently caused by SH.³ Both SH and TFNE are useful diagnostic markers of CAA, allowing early diagnosis.

Declaration of Conflicting Interests

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Figure 1. A, Noncontrast computerized tomography demonstrates high-convexity cortical hemorrhage (arrow head). B-D, Magnetic resonance susceptibility weighted image (SWI) shows superficial hemosiderosis exclusively in the right hemisphere (arrows).

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