

Transient ischemic attack caused by cerebral ergotism

Ataque isquêmico transitório causado por ergotismo cerebral

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Association of protease inhibitors and ergotamine causing systemic ergotism is well established^{1,2,3}. Cerebral ergotism is poorly reported^{4,5}. We describe the case of an HIV positive 49 yo man under protease inhibitors (ritonavir) presenting with total reversible left hemiparesis after the intake of 3 g of ergotamine. After 20 minutes he was spontaneously asymptomatic. TIA was diagnosed. Parenchymal MRI was

normal, cervical doppler ultrasound showed symmetric narrowing in both internal carotid arteries, causes of cardiac embolism were properly excluded. Angio Magnetic Resonance Imaging (Figures 1 and 2) was performed in acute stage and evolution, as well as cerebral angiography, leading to the diagnosis of cerebral ergotism. Between both MRI showed, only aspirin 325 mg and bed rest was indicated.



Figure 1. Angio MRI showing progressive and symmetrical narrowing in both internal carotid arteries after the origin with minimum intracranial filling. T1 fat suppression sequence did not show a dissection pattern.



Figure 2. Control MRI at 7 days: Normal filling of both internal carotid arteries is seen. Patient was asymptomatic just with aspirin 325 mg, ergotamine cessation and change of antiretroviral therapy.

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