

Postpartum angiopathy with reversible cerebral vasoconstriction syndrome (RCVS)

Imaging in diagnosis and follow-up

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A 27-year-old previously healthy woman, nulliparae, was admitted with an acute onset of severe occipital headache, 10 days after an elective cesarean. Her medical history and laboratory were unremarkable. Postdural puncture headache was dismissed. Progressive worsening of the pain was followed by amaurosis and numbness. The diagnosis of postpartum angiopathy with RCVS was established on clinical and imaging basis (Fig 1). A brief course of glucocorticoids was instituted. She had a fully recovery without any sequelae. MR follow-up showed the reversibility of the imaging abnormalities with only a slight residual parietal gliosis (Fig 2 and 3). Differential diagnosis with eclampsia was excluded on

clinical basis. Postpartum angiopathy has been considered as a prototype of RCVS characterized by abrupt onset of thunderclap headache associated with reversible segmental narrowing of cerebral arteries^{1,2}. MR should be performed in such clinical setting to support the diagnosis and follow-up³.

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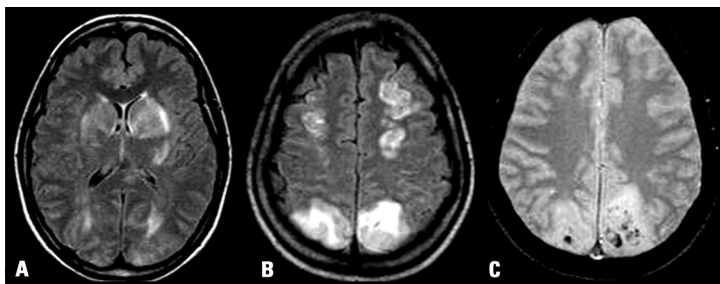


Fig 1. Initial FLAIR images [A-B] depicted multiple cortical and subcortical hyperintensities consistent with vasogenic edema, confirmed on DWI (not shown). T2* [C] showed focal hemorrhages in subcortical parietal lobes.

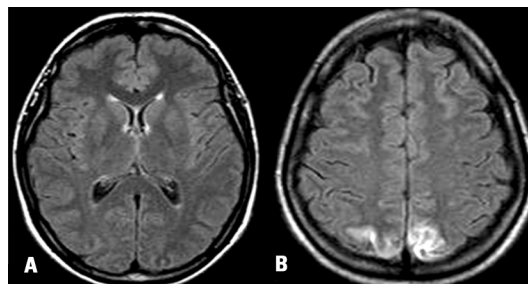


Fig 2. Follow-up MRI (two months later). FLAIR images [A-B] only exhibited a small area of sequela gliosis in parietal lobes.

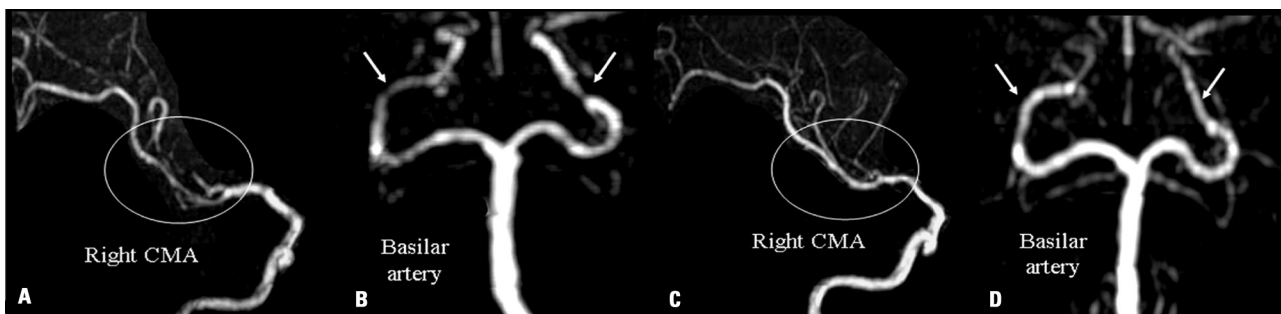


Fig 3. MR angiography confirmed multiple segmental narrowing of the cerebral arteries [A and B] compatible with RCVS. Comparative MRA during the follow-up [C and D] demonstrated resolution of cerebral arterial vasoconstriction.

ANGIOPATIA PUERPERAL COM SÍNDROME DE VASOCONSTRICÇÃO CEREBRAL REVERSÍVEL (SVCR): ACHADOS DE IMAGEM E FOLLOW UP

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