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Sneddon syndrome – imaging findings

Síndrome de Sneddon – achados de imagem

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The Sneddon syndrome is a rare clinical syndrome that associates strokes and livedo, etiologically related with the antiphospholipid antibody syndrome (Figure 1)[1,2,3,4,5].

This 42 year-old woman with headache and right hemiparesis had a MRI that showed acute/subacute ischemia in part of the territory of the left middle cerebral artery (MCA) and bi-hemispheric gliosis/encephalomalacia (Figure 2). MR angiography showed normal cervical carotid and vertebral circulation, filling defect in M2 segment of the left MCA. Catheter angiography disclosed difuse cortical occlusive arteriopathy associated with a rich collateral cortical network. The M2 occlusion was reperfused, with infarct sign in its territory (Figures 3 and 4).

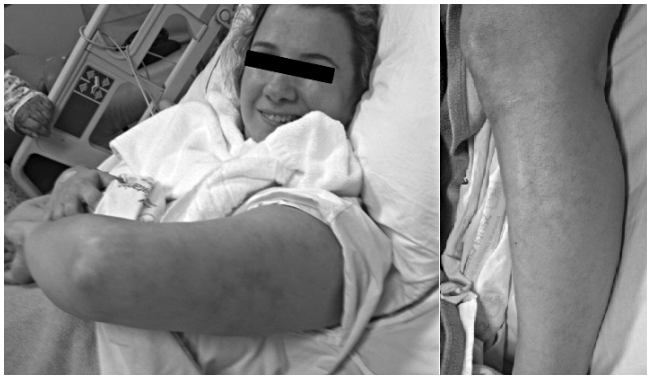

Figure 1. Reticular livedo on limbs.

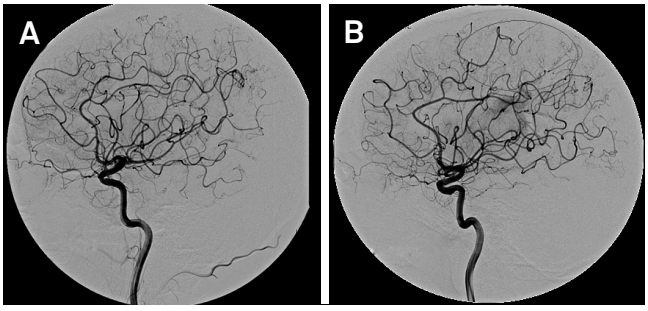

Figure 3. Angiography early arterial phase: (A) right side apparently normal; (B) slow filling area (red circle) and luxury perfusion (arrow).

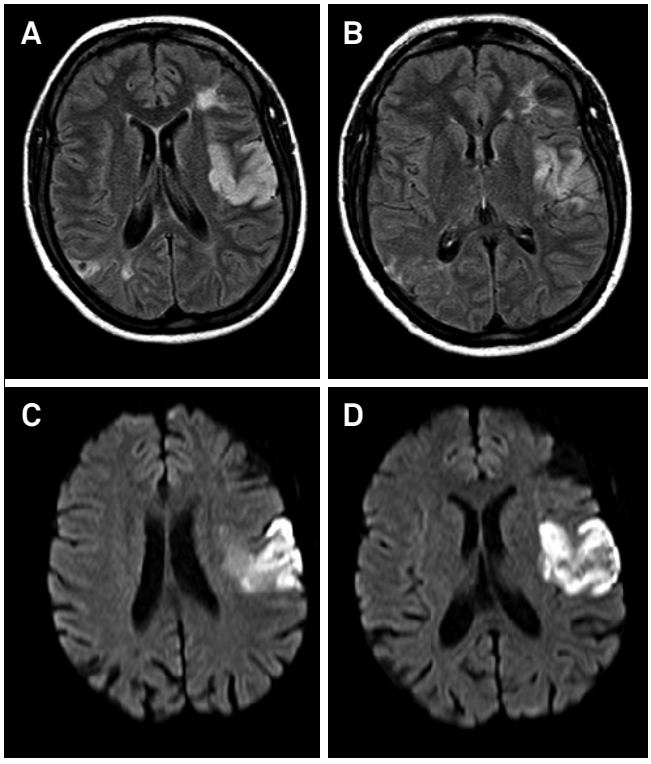

Figure 2. AXIAL FLAIR (A e B) showing areas corresponding to bi-hemispheric gliosis /encephalomalacia and area of acute/subacute ischemic stroke in part of the territory of the left MCA. AXIAL DIFFUSION (C and D) proves acute /subacute schemic stroke area.

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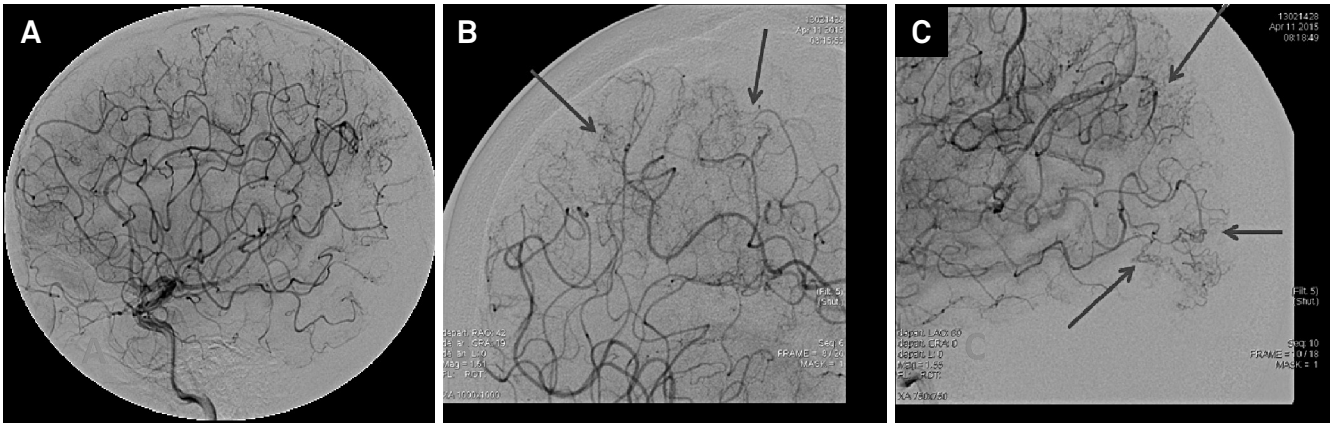

Figure 4. Angiography capillary phase (A, B and C): occlusions of distal vessels + prominent collateral circulation (arrows), best visualized in the enlarged images (B and C).

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