Central nervous system magnetic resonance imaging aspects of superficial siderosis

Aspectos da ressonância magnética do sistema nervoso central de siderose superficial

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A 68-year-old man was evaluated with progressive gait difficulties, first noticed three years before. Neurological examination disclosed paraparetic spastic gait and lower limbs hyperreflexia with bilateral Babinski sign; mild left upper limb cerebellar ataxia; and left hearing loss. The magnetic resonance imaging (MRI) showed rims of hypointensity on T2 around the brainstem, cerebellum, and spinal cord, which was consistent with radiological diagnosis of superficial siderosis[1] (Figs 1 to 3). There was no previous history of central nervous system (CNS) bleeding or trauma. Conventional angiographies were unremarkable. This rare case of primary superficial siderosis highlights the classic triad of hearing loss, ataxia, and myelopathy and its pathognomonic MRI findings[2].

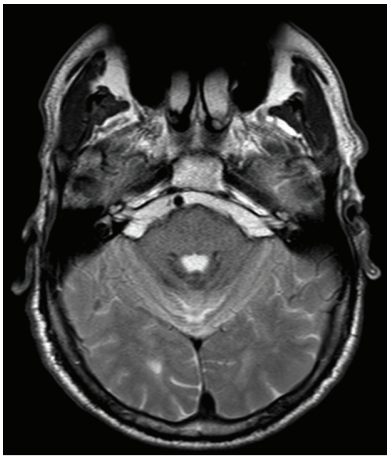

Fig 2. Axial T2 weighted image shows hypointense rim along the surface of pons and cerebellum, including the depth of its fissures.

Fig 1. Sagittal T2 weighted image shows hypointense rim on spinal cord, medulla, pons, mamillary bodies, chiasm, mesencephalic tectum, and rostral cerebellar vermis.

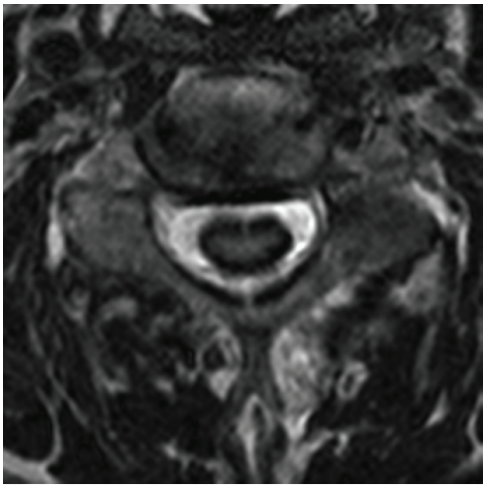

Fig 3. Axial T2 weighted image shows deeper impregnation of spinal cord tissue by hemosiderin deposits.

References

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