Overlapping MRI findings in progressive supranuclear palsy – corticobasal syndrome

Sobreposição de achados na RM da paralisia supranuclear progressiva – síndrome corticobasal

Eduardo Della Valle Prezzi¹, Luiz Felipe Vasconcellos¹, Victor Hugo Marussi²,³

A 59 year old woman presented with an atypical parkinsonian syndrome with clinical and neuroimaging features of corticobasal syndrome (CBS) and progressive supranuclear palsy (PSP). CBS manifestations were slurred/scanning speech and asymmetrical right signs: levitation phenomena, pseudo-hemiparetic gait and hypertonia/hyperreflexia. PSP signs were staring face and oculomotor apraxia. Neuroimaging revealed midbrain atrophy with asymmetrical cerebral peduncle (CP), tegmental hiperintensity (Figure 1 to 4) and frontal and midbrain hypometabolism (Figure 5). Typical Magnetic Resonance Image (MRI) of PSP presents with midbrain atrophy¹ and hiperintensity² while CBS displays asymmetrical frontoparietal and CP atrophy³.

This case has been clinically classified as PSP-CBS⁴ but definite diagnosis is through neuropathology.

Figure 1. Sagital T1 weighted image at the midline shows reduction of anteroposterior midbrain diameter (1.4 cm – Normal Range (NR)>1.8 cm) and tegmental size reduction (0.95 cm – NR>1.15 cm); Age matched control midbrain. 

Figure 2. Axial T2 weighted image in high frontoparietal convexity showing no cortical asymmetry.
References


