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 diffuse 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 ischemic stroke area.
References


