DOI: 10.1590/0004-282X20140072

Reversible cerebral vasoconstriction syndrome associated with putaminal hemorrhage

Síndrome da vasoconstrição cerebral reversível associada a hemorragia putaminal

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A 42-year-old woman with history of analgesic overuse and episodic migraine without aura presented thunderclap headache. She then ingested 4.5 g of dipyrone, 0.75 g of isometheptene, 0.45 g of caffeine and subsequently developed right hemiparesis and dysarthria. Brain computed tomography (CT) and digital subtraction angiography (DSA) are shown, respectively, in Figures 1A and 1B. Transcranial doppler (TCD) showed indirect signs of vasospasm. Symptoms subsided after 10 days. Follow-up eight-week magnetic ressonance angiography (MRA) and TCD were normal, as well as twelve-week DSA (Figure 1C). The diagnosis was reversible cerebral vasoconstriction syndrome associated with unusual putaminal hemorrhage after caffeine and isometheptene abuse[1,2,3].

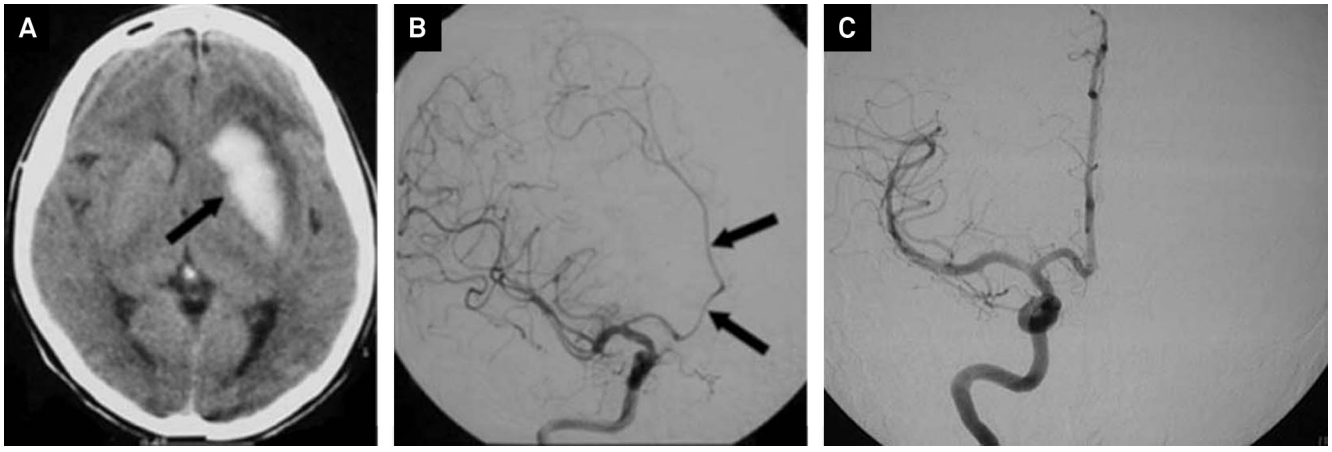

Figure. Brain CT shows a left striatal hematoma (arrow) (A). Initial DSA demonstrates focal narrowings separated by areas of normal caliber ("beading pattern") especially in the right middle and anterior cerebral arteries (arrows) (B). Arterial walls are smooth and regular. There are no true arterial dilatations or occlusions that would support a diagnosis of intracranial arterial dissection. Follow-up twelve-week DSA shows no signs of vasospasm (C).

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Conflict of interest: There is no conflict of interest to declare.
Received 11 April 2014; Accepted 05 May 2014.