

中文題目：多發腦梗塞伴出血可能與腦血管炎有關：一病例報告

英文題目：Multiple cerebral infarctions with hemorrhage possible association of cerebral vasculitis.: A Case Report

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### **Background:**

Cerebral vasculitis is a rare and severe condition, posing problems for diagnosis and treatment. Attention is drawn to the caveat that although magnetic resonance imaging findings at initial presentation may not be typical for stroke, they later exhibit attributes of cerebral infarction at both the subacute and chronic stages. We report multiple cerebral infarctions with hemorrhage possible association of cerebral vasculitis in a patient.

### **Case Report:**

A 43-year-old woman denied any systemic disease. She suffered from disturbance consciousness, left limbs weakness, and headache for one day. She was brought to emergency department on August 28, 2018. EEG showed no epileptiform activity. Brain MRI revealed T2FLAIR hyperintensity in bilateral frontoparietoccipital sulci, with mild contrast enhancement. Favored HSV leptomeningitis for CSF study, then acyclovir, dexamethasone, and mannitol were given. However, persistent disturbance consciousness was found. Repeated brain CT showed right high frontal ICH and acute SDH over right frontotemporal region with mild midline shift to left side and progressive change of transtentorial herniation. Neurosurgeon was consulted and emergency intubated and surgical intervention, then she was transferred to ICU on September 6. Sodium valproate was given for avoid seizure. Muscle power drop to 1 point was noted, brain CT showed acute infarcts at left occipitoparietal, bilateral parasagittal parietofrontal on September 10. Neurologist was consulted and favored central nervous system vasculitis. Autoimmune titer was checked. Neurological status was improved after pulse steroid therapy. Blood culture yielded enterococcus. Cardiologist was consulted and transesophageal echocardiography revealed no infective endocarditis. Ceftazidime and ampicillin were adjusted. Worsening of neurological status was noted on September 16. Brain CT revealed multiple acute infarction, hydrocephalus and subfalcine herniation and uncal herniation. Mannitol was increased. Then GCS level E1VEM1, no cough reflex, no spontaneous breathing, and diabetes insipidus were noted, so informed the critical condition to families for poor neurological outcome. Family members requested palliative therapy and the patient expired on September 29.

### **Conclusion:**

Primary vasculitis of the central nervous system is an uncommon disorder that can present with a

variety of symptoms, making diagnosis and management difficult. These patients are characterised by bilateral, multiple, large cerebral vessel lesions on multiple bilateral cerebral infarctions. The discovery of metachronous hemorrhagic infarcts insinuating round mass-like lesions by magnetic resonance imaging in the setting of primary angiitis of the central nervous system raising diagnostic awareness of this unusual presentation in a clinical and neuroimaging context. MRI, and MRA, the most useful examinations for vasculitis, provide supportive, but not pathognomonic, evidence of cerebral vasculitis.