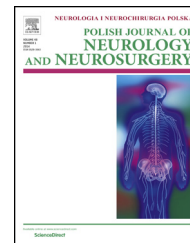


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## Case report

# Cerebral amyloid angiopathy-related inflammation – A case report presenting diagnostic difficulties

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## ABSTRACT

We describe an 86-year-old woman with a history of hypertension who presented sudden disturbances of consciousness and left hemiparesis. Brain magnetic resonance imaging (MRI) revealed diffused hyperintensive changes on T2-weighted images localized subcortically in the white matter of both cerebral hemispheres, corresponding to acute vasogenic edema, causing moderate mass effect. Posterior reversible encephalopathy syndrome was initially diagnosed. After implementation of anti-edema intravenous steroid treatment and hypotensive therapy the symptoms began to retire, till the total regression. The successive hospitalizations took place two and eight months later due to the occurrence of seizures, motor deficits and the development of mild cognitive impairment. Brain MRI revealed progression of the white matter changes and diffused subcortical microhemorrhages. Each time pulse steroid therapy was implemented and the symptoms improved significantly after several days. Chronic oral steroid treatment resulted in the stabilization of neurological status. The long-term observation of clinical symptoms, remission after immunosuppressive therapy and white matter changes with subcortical microhemorrhages in brain MRI led to the diagnosis of cerebral amyloid angiopathy-related inflammation.

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## 1. Introduction

Posterior reversible encephalopathy syndrome (PRES) may be initially suspected when alterations in consciousness and

motor deficits occur along with reversible subcortical vasogenic edema on brain magnetic resonance imaging (MRI). The syndrome is typically presented by headache, seizures, visual impairment, focal neurological deficits and mental state changes [1,2]. It is most commonly encountered in association with acute hypertension, preeclampsia or eclampsia, renal

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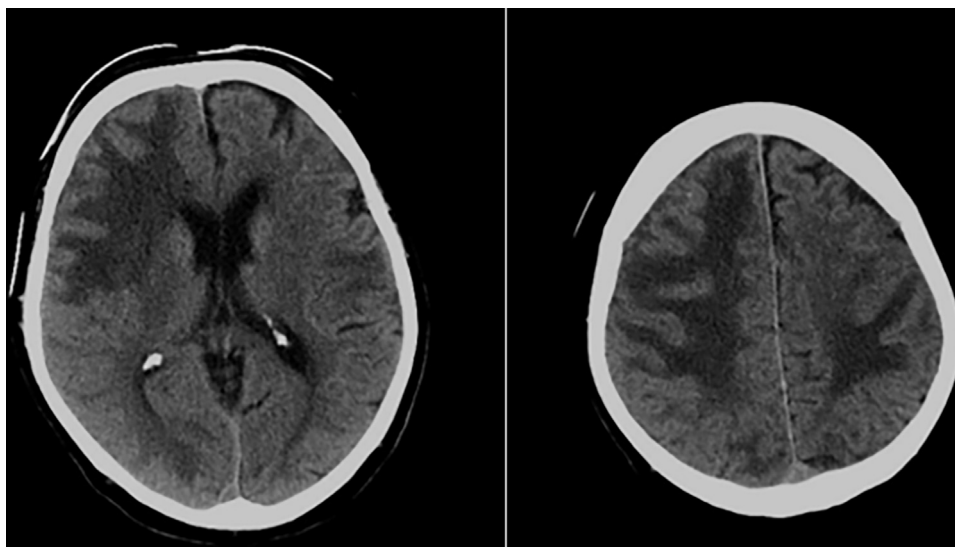


Fig. 1 – Brain CT scan on first admission.

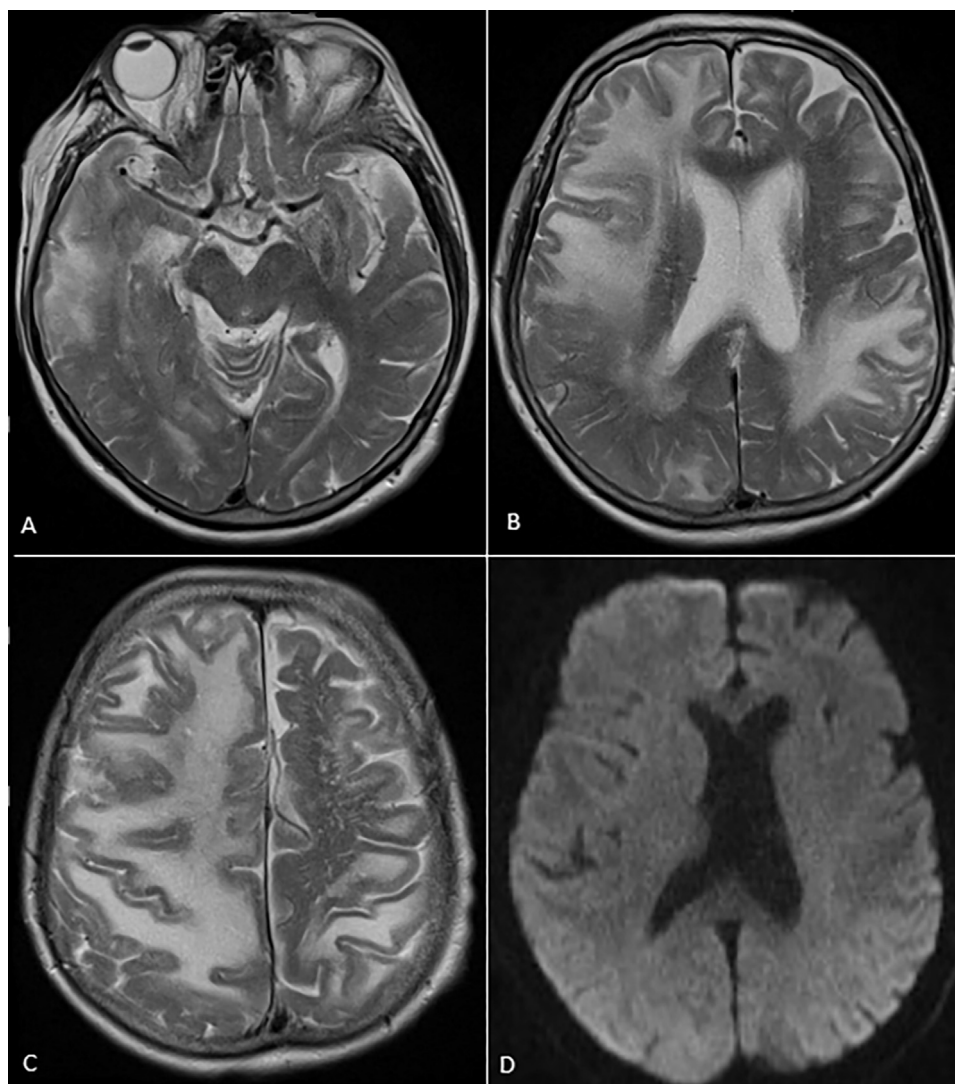


Fig. 2 – First hospitalization – diffused hyperintensive changes on T2-weighted images localized subcortically in the white matter of both cerebral hemispheres (A–C), vasogenic edema in DWI option (D).

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