International Journal of
Clinical & Medical Images

ISSN : 2376-0249
Vol 6 • Iss 1• 1000630 Jan, 2019
DOI: 10.4172/2376-0249.1000630

Clinical-Medical Image

Neuroradiological Findings in Catastrophic Antiphospholipid Syndrome: A Case Image Report

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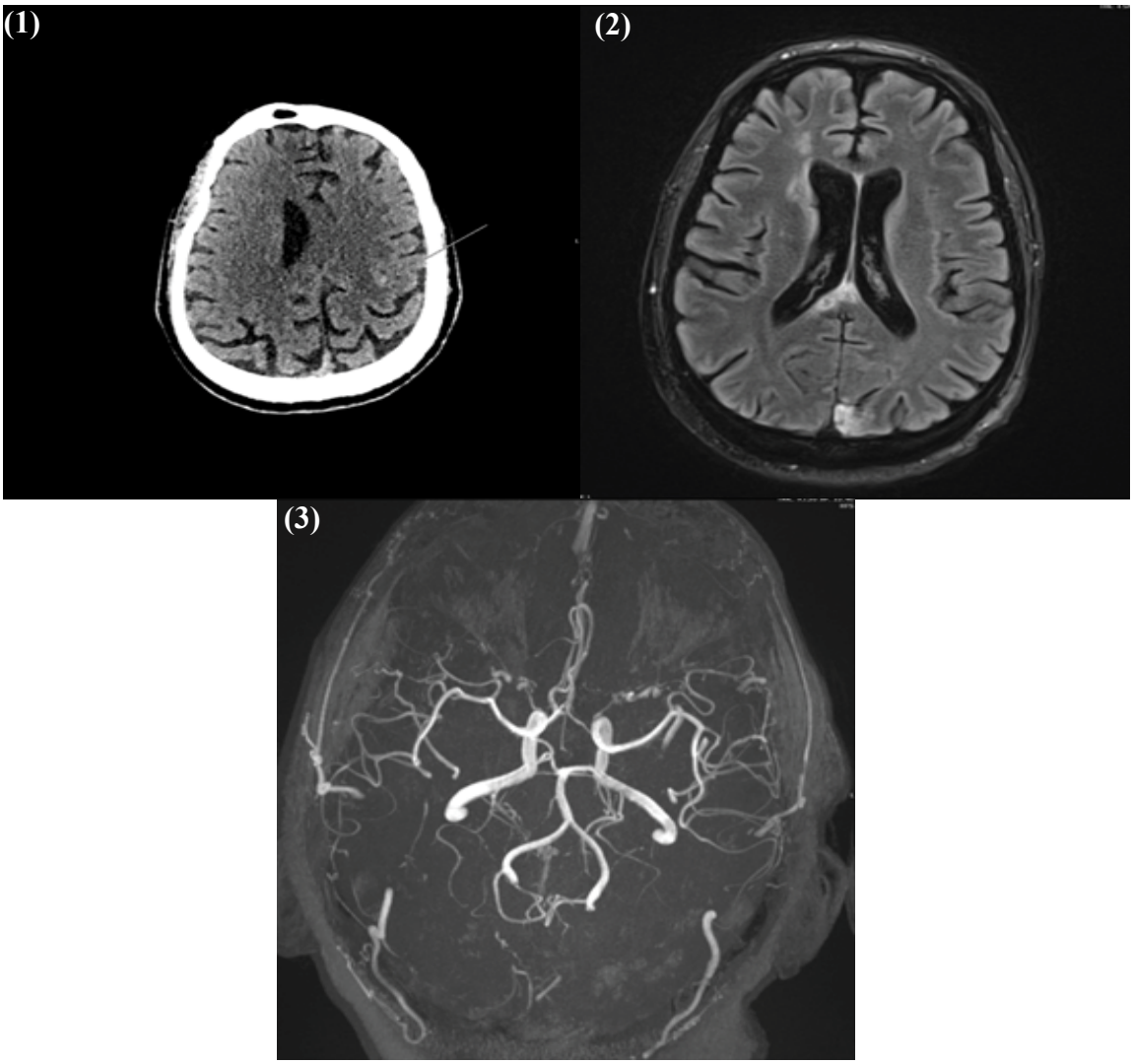

Figure 1: Left frontal subcortical hyperdense focus likely haemorrhagic focus.

Figure 2: Left occipital peri-trigonal subcortical area of high T2/FLAIR signal intensity consistent with chronic lacunar infarct.

Figure 3: 3D TOF intracranial MRA shows hypoplastic A1 segment of the left ACA and P1 segment of the right PCA. Rest of the intracranial arteries show no significant stenosis, vascular malformation or aneurysms.

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***Citation:** Fatima N, Zainab A, Akbar RA (2019) Neuroradiological Findings in Catastrophic Antiphospholipid Syndrome: A Case Image Report . Int J Clin Med Imaging 6: 630. doi:10.4172/2376-0249.1000630*

Case Presentation

30-years-old Egyptian male presented with 2 weeks history of dizziness and generalized fatigue. No significant past medical history. On examination, he was hypotensive with tachycardia, GCS was 15/15 with no neurological deficit but he was pale. Lab exam revealed low hemoglobin with increased reticulocyte counts. Peripheral smear showed normochromic normocytic anemia. Antinuclear Ab and Anti CTD titers were positive. Patient showed improvement with methylprednisolone, heparin and IV immunoglobulin (Figures 1-3).

Multiple focal areas of diffusion restriction are noted at bilateral centrum semiovale and corona radiata regions, right frontal subcortical, left occipital cortical, head of right caudate nucleus and splenium of the corpus callosum consistent with recent ischaemic changes.