

ATYPICAL INTRACEREBRAL HEMORRHAGE

M.I. Aguilar¹, J.M. Hoxworth², A.B. Porter¹

Neurology Department¹ & Radiology Department², Mayo Clinic, Phoenix, Arizona, USA

aguilar.maria@mayo.edu

Background: Intracerebral hemorrhage (ICH) is classified as lobar or non-lobar (deep) based on radiographic appearance. Lobar ICH is associated with cerebral amyloid angiopathy, and non-lobar, with hypertension. When clinical or radiographic presentations are atypical, work up for other entities should be conducted.

Case scenario: 67 year-old man presented to our institution complaining of visual loss and headache. Neurological examination revealed complete left homonymous hemianopia. The patient's only vascular risk factor was HTN. Noncontrast head CT showed an acute parenchymal hemorrhage in the right occipital lobe (Figure 1). MRI demonstrated heterogeneous signal related to blood products but no suspicious enhancement (Figure 1). No areas of previous hemorrhage were identified on gradient echo sequence. Due to the unusual location, conventional angiography was pursued and it was unremarkable.

The patient was managed conservatively and did well.

Follow-up brain MRI performed 6 weeks later (Figure 2) showed new nodular intra-axial enhancement along the medial aspect of the hematoma, which had otherwise decreased in size. While arranging outpatient brain biopsy, the patient developed headache and ataxic gait. Noncontrast CT of the head showed extensive edema surrounding a well circumscribed round lesion in the right occipital lobe, MRI confirmed further interval growth (Figure 3). Malignancy work-up revealed a nodule in the left upper lung (Figure 4), which on biopsy, proved to be melanoma

Discussion: Vascular risk factors and radiologic appearance are very important when evaluating subjects with ICH. When either clinical or radiologic presentation is felt to be atypical, close clinical and radiologic follow-up is indicated.