

SUPERFICAL SIDEREOSIS OF THE CENTRAL NERVEOUS SYSTEM PRESENTING WITH RAPIDLY PROGRESSIVE CONGITIVE DECLINE

K.-C. Park¹, S.-S. Yoon¹, Y.-N. Kwon¹, H.-Y. Rhee²

¹*Department of Neurology, Kyung Hee University Hospital, South Korea*

²*Department of Neurology, Kyung Hee University Hospital at Gangdong, South Korea*

kcpark@khu.ac.kr

A few studies reported that SS is associated with cognitive impairment; however, the pathophysiology of cognitive deficit in SS patient involves a lot of controversial issues. A 71-year-old right handed man suddenly developed disorientation, memory impairment and cognitive impairment, 2 months before visiting our memory disorder clinic. He had a history of contusional hemorrhage at bilateral anterior frontotemporal areas 3 years ago and experienced only headache without any focal neurologic deficit. The symptom was clearly relieved after 40 days admission and there was no neuropsychological or social problem. However, he suffered from abrupt memory loss and disorientation for 2 months. On initial neurological examination, the patient appeared alert and there was no focal neurological deficit. However, he was unaware of his cognitive deficit. On MMSE words, he scored 7/30 due to problems in all orientation to time and place, attention and calculation, word registration and recall, and language. He showed poor performance in contrasting program and go/no-go test and perseveration in making luria loop. Linear hyposignal in gradient-echo weighted sequence was seen at the leptomeninges of both left fronto-temporal lobes (left greater than right) on the brain MRI. In addition, chronic resolved contusional hemorrhage at both anterior frontal and temporal lobes was shown. Cranial and spinal artery MRA and conventional angiography were normal. Interestingly, in this case, impairment of cognitive function is progressed rapidly within about 2 months without typical clinical symptom such as cerebellar ataxia, sensori-neural hearing loss, and corticospinal tract signs which would be occurred in SS. There were few reports about the case with rapidly progressing SS of the CNS, so it would be misdiagnosed easily if only the impairment of cognitive function is rapidly occurred. In our case, brain MRI had critical value for diagnosis of rapidly progressed cognitive impairment without any suspected reason.