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Spontaneous Aneurysmal Subdural Hemorrhage: A Rare Entity

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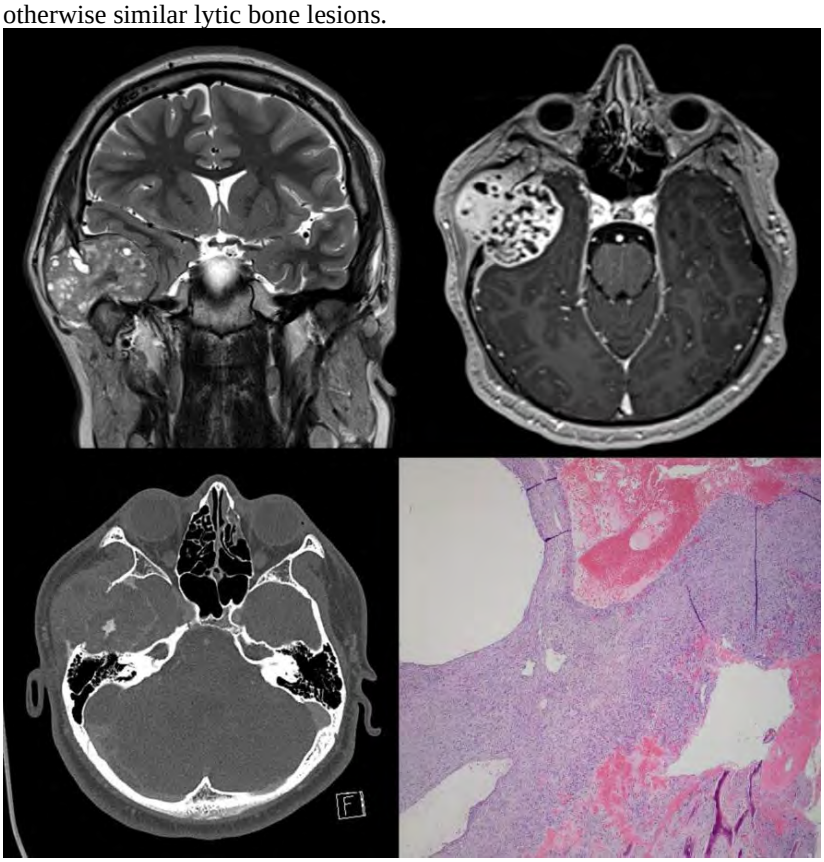
marginated lytic lesion with a sclerotic margin. MRI is the best imaging modality to demonstrate intra-lesional signal signal levels that vary in signal characteristics, typically surrounded by thin enhancing septations. Varying degrees of solid enhancing components can be seen in solid variant ABC and a lack of fluid fluid levels should not preclude from considering ABC in the differential diagnosis for otherwise similar lytic bone lesions.



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1085

Spontaneous Aneurysmal Subdural Hemorrhage: A Rare Entity

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Purpose

36-year-old female who presented to our emergency department for worsening headache and new onset left sided diplopia. Physical exam confirmed a left 3rd nerve palsy. A CT of the head was obtained which showed a subdural hemorrhage which ultimately resulted in coil embolization of a ruptured aneurysm. The patient tolerated the procedure well and was closely followed for vasospasm development with routine transcranial ultrasounds which were negative. Patient remained stable and reported resolution of her headache symptoms on discharge. However, she continued to have a left 3rd nerve palsy.

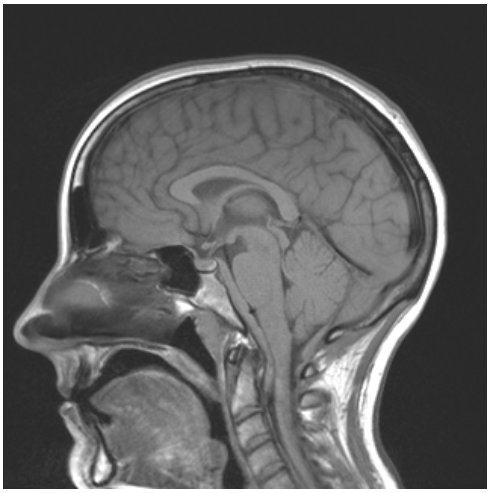
Materials and Methods

CT of the head was obtained which showed a subdural hemorrhage. Subsequent CTA of the head was positive for an 8 x 4 mm posterior communicating artery (PcomA) aneurysm. MRA and MRI of the head both demonstrated a posterior fossa subdural hemorrhage that was most predominant along the margins of the tentorium and cerebellum. The patient was diagnosed with aneurysmal subdural hemorrhage (AnSDH) and underwent endovascular embolization of the left PcomA aneurysm with multiple detachable platinum coils.

Results

Spontaneous aneurysmal subdural hemorrhage (AnSDH) without any subarachnoid hemorrhage, interventricular hemorrhage, or intracerebral hemorrhage is an extremely rare entity with only 30 cases reported in the literature(1). The most common location was ICA-PcomA aneurysms (15 cases) followed by MCA aneurysms (6 cases) (2). Although the pathogenesis of AnSDH remains a subject of controversy, the perianeurysmal environment, along with the variations of aneurysm location, may help further our understanding of AnSDH(5) Subdural hemorrhage without antecedent trauma or coagulopathy should raise suspicion for an intracranial aneurysm rupture. Protocols have been proposed for a suspected AnSDH(4). Patients with AnSDH have more profound deficits on presentation, recent evidence suggests they have better outcomes than those with non-AnSDH (5). Hematoma evacuation and aneurysm coiling or clipping are most common modalities of treatment, with better outcomes associated with early intervention. Our case highlights that an aneurysm rupture should be included in the differential for a patient who presents with an otherwise unexplainable subdural hemorrhage.

Conclusions
1. Present a case of a spontaneous aneurysmal subdural hemorrhage (AnSDH) without concomitant subarachnoid hemorrhage (SAH)
2. Discuss relevant anatomical considerations in patients with AnSDH 3. Discuss management and overall prognosis



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853

Subacute Infarct Caused by Primary Angiitis of CNS Mimicking Neoplasm

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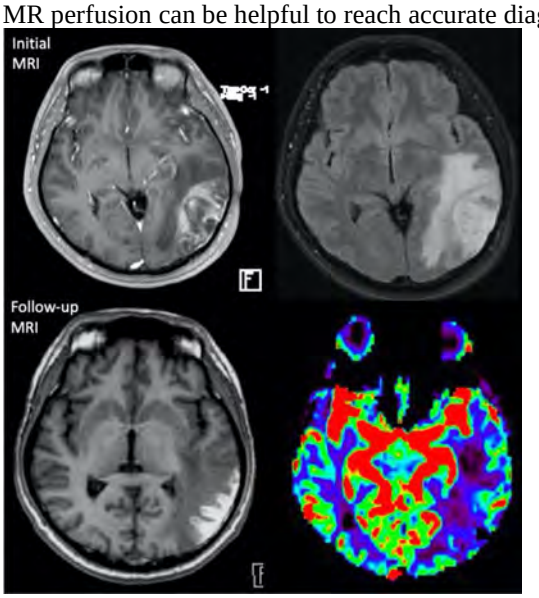
Purpose
36-year-old male presented to emergency room with 1 month of progressively worsening speech and cognitive changes. Upon further work up, he was found to have heterogeneously enhancing brain lesion. The brain biopsy revealed necrotic lesion with multifocal lymphohistiocytic angiitis and fibrinoid necrosis, most consistent with primary angiitis of the central nervous system.
Materials and Methods
Initial MRI demonstrated heterogeneously enhancing lesion in the posterior left cerebral hemisphere with extensive vasogenic edema. Follow-up MRI obtained 2 weeks later demonstrated cortical laminar necrosis and low cerebral blood volume on perfusion map.
Results
The initial MRI was confounding due to heterogeneous enhancement with extensive vasogenic edema, most concerning for neoplasm. It can be difficult to distinguish subacute infarct from neoplasm with such imaging findings and history of progressive worsening neurological deficits as in this patient.
Conclusions
Subacute infarct with significant vasogenic edema can mimic neoplasm, and follow-up MRI with advanced MR techniques such as MR perfusion can be helpful to reach accurate diagnosis in conjunction with pathology results.



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