Teaching NeuroImages: MRI changes in superficial siderosis

Huw Ellis, MB, ChB
Tom Webb, MDRes
Daniel Warren, MB,
ChB
Agam Jung, MD

Correspondence & reprint
requests to Dr. Ellis:
huwchristopherellis@doctors.net.uk

Figure 1 Sagittal T2 MRI showing cerebellar atrophy and abnormal low signal around the medulla, pons, cerebellum, and spinal cord

A 41-year-old woman presented with 2 months of dysarthria. Her history included 6 years of unsteadiness resulting in multiple falls and 10 years of intermittent urinary incontinence. She had a history of

significant trauma including having been knocked over by a horse and being involved in 2 car accidents, 1 resulting in loss of consciousness and amnesia. On examination, she had finger-nose dysmetria and an ataxic gait. She had normal strength but upgoing plantar reflexes. There was no sensorineural hearing loss. Brain MRI (figures 1 and 2) showed hemosiderin deposition consistent with a diagnosis of superficial siderosis.^{1,2}

AUTHOR CONTRIBUTIONS

H.C. Ellis: drafting/revising the manuscript. T. Webb: drafting/revising the manuscript, study concept or design, analysis or interpretation of data. D. Warren: analysis or interpretation of data. Dr. Jung: drafting/revising the manuscript, study concept or design, analysis or interpretation of data, study supervision.

REFERENCES

1. Levy M, Turtzo C, Llinas R. Superficial siderosis: a case report and review of the literature. *Nat Clin Pract Neurol* 2007;3:54–58.
2. Fearnley J. Superficial siderosis of the central nervous system. *Brain* 1995;118:1051–1066.

Figure 2 Axial gradient echo MRI showing low signal around the cerebellum and medulla (A) and pons (B)

Findings of both T2 and gradient echo sequences consistent with hemosiderin deposition.^{1,2}

Neurology[®]

Teaching *NeuroImages*: MRI changes in superficial siderosis

Huw Ellis, Tom Webb, Daniel Warren, et al.

Neurology 2012;78:e116

DOI 10.1212/01.WNL.0000414922.30909.73

This information is current as of April 30, 2012

Updated Information & Services	including high resolution figures, can be found at: http://n.neurology.org/content/78/18/e116.full
References	This article cites 2 articles, 0 of which you can access for free at: http://n.neurology.org/content/78/18/e116.full#ref-list-1
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): Brain trauma http://n.neurology.org/cgi/collection/brain_trauma DWI http://n.neurology.org/cgi/collection/dwi MRI http://n.neurology.org/cgi/collection/mri Subarachnoid hemorrhage http://n.neurology.org/cgi/collection/subarachnoid_hemorrhage
Permissions & Licensing	Information about reproducing this article in parts (figures,tables) or in its entirety can be found online at: http://www.neurology.org/about/about_the_journal#permissions
Reprints	Information about ordering reprints can be found online: http://n.neurology.org/subscribers/advertise

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright Copyright © 2012 by AAN Enterprises, Inc.. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.