Parkinsonism associated with striatal perivascular space dilation

A 75-year-old man with diabetes, hyperlipidemia, hypertension, and prior right occipital infarct had progressive imbalance, falls, and leg “weakness” for 4 years. Neurologic examination showed rigidity, bradykinesia, and mild resting tremor. Brain MRI revealed dilation of the perivascular or Virchow-Robin spaces (VRS) throughout the striatum as well as mild periventricular leukoaraiosis (figure). Skin biopsy excluded cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy, a secondary cause of VRS dilation. Levodopa titrated to maximum tolerability (450 mg/day) only reduced his tremor. Parkinsonism with enlarged striatal VRS has been reported in the pre–fluid-attenuated inversion recovery (FLAIR) era.1 Its pathophysiology remains unclear but normal FLAIR signal supports the recent finding that VRS enlargement is not associated with ischemia2 or reduced flow.

Andrew P. Duker, MD; and Alberto J. Espay, MD, MSc, Cincinnati, OH

Disclosure: The authors report no conflicts of interest.

Address correspondence and reprint requests to Dr. Alberto J. Espay, Assistant Professor of Neurology, University of Cincinnati, 231 Albert Sabin Way, MSB 4503, Cincinnati, OH 45267-0525; alberto.espay@uc.edu

REFERENCES
Parkinsonism associated with striatal perivascular space dilation
Andrew P. Duker and Alberto J. Espay
*Neurology* 2007;68;1540
DOI 10.1212/01.wnl.0000261483.49248.b8

This information is current as of April 30, 2007