A 47-year-old man had progressive lower extremity weakness and incoordination for 2 years. Examination showed bilateral proximal lower extremity weakness, cerebellar ataxia, and brisk reflexes throughout. Cranial nerve examination showed hearing impairment. MRI showed hemosiderin deposition around the brainstem, cerebellum, and upper cervical cord (figures 1 and 2). CSF analyses showed protein of 108 mg/dL and red blood cells of 58 mm$^3$.

Superficial siderosis most commonly presents with gait ataxia and hearing loss. It is caused by repeated slow hemorrhage into the subarachnoid space with CNS hemosiderin deposition in the subpial layers.$^1$ Imaging of the entire neuroaxis is indicated to localize a potential bleeding source, and may include cerebral and spinal angiography.$^2$

REFERENCES

Teaching NeuroImages: Superficial siderosis
Max R. Lowden and Gary A. Thomas
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