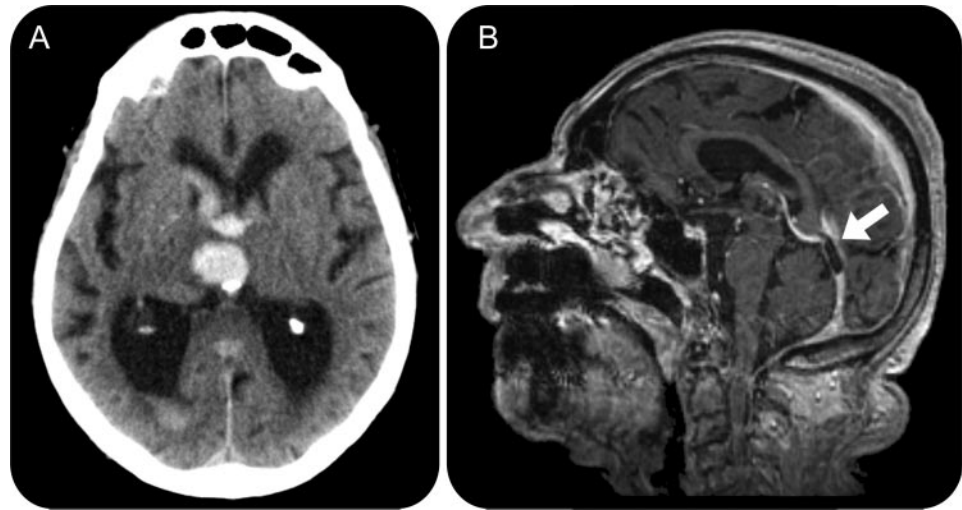


Teaching NeuroImages: A look beneath the surface in a “typical” thalamic hemorrhage

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Figure Unusual cause of thalamic hemorrhage



(A) CT at admission showed a typical thalamic intracerebral hemorrhage with ventricular involvement. (B) Sagittal gadolinium T1 MRI at day 5 disclosed a thrombosis of the straight sinus (arrow) with a dilated, blood-dammed internal cerebral vein draining the thalamus as the cause of the bleeding.

Imaging beyond routine CT in intracerebral hemorrhage (ICH) is most likely to reveal underlying pathology in patients with lobar ICH, younger age, or no history of hypertension.¹ In hypertensive individuals with typical ganglionic ICH, additional imaging is usually not considered.² A 75-year-old patient with hypertension was admitted with acute onset of hemiparesis. CT revealed thalamic ICH (figure, A). Within a study, the patient underwent additional MRI (figure, B), which disclosed sinus thrombosis. Typical symptoms of sinus thrombosis (headache, papilledema) were absent. After extensive diagnostic workup, infection-related exsiccosis was assumed causative. The patient received anticoagulation.

In this case, MRI not indicated clinically had therapeutic implications.

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