

Teaching NeuroImages: Stroke and bilateral visual loss in a young adult

More than coincidence

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Figure 1 MRI and conventional angiography at admission and MRI after 1 week of treatment with corticosteroids



At admission, diffusion-weighted imaging (A) showed a small ischemic lesion (arrow) in the territory of the left middle cerebral artery, which was stenotic on magnetic resonance angiography (B, arrows) and conventional angiography (C, arrows). After 1 week of corticosteroid treatment, vessel caliber returned to normal (D, arrow).

A 22-year-old man presented with right-sided hemihypesthesia and transient aphasia after a month of progressive bilateral visual loss. MRI on admission revealed ischemic stroke in the left middle cerebral artery (MCA) territory and MCA stenosis, which was confirmed by ultrasound and conventional angiography (figure 1). Diagnostic workup was unremarkable except for CSF pleocytosis (16 leukocytes). Ophthalmologic examination, including fluorescein angiography, diagnosed acute posterior multifocal placoid pigment epitheliopathy (figure 2), a rare disorder of the choroid and retina that can also be associated with CSF pleocytosis, cerebral artery stenoses, and stroke.^{1,2} The patient was treated with corticosteroids and azathioprine and recovered without sequelae.

AUTHOR CONTRIBUTIONS

Bastian Volbers: designed the research, collected the data, and drafted the manuscript. Kristine Kaldefoss: collected the data and critically revised the manuscript. Antonio Bergua: collected the data and critically revised the manuscript. Stephan Kloska: collected the imaging data and critically revised the manuscript. Stefan Schwab: collected the data and critically revised the manuscript. Martin Köhrmann: designed the research, collected the data, and drafted the manuscript.

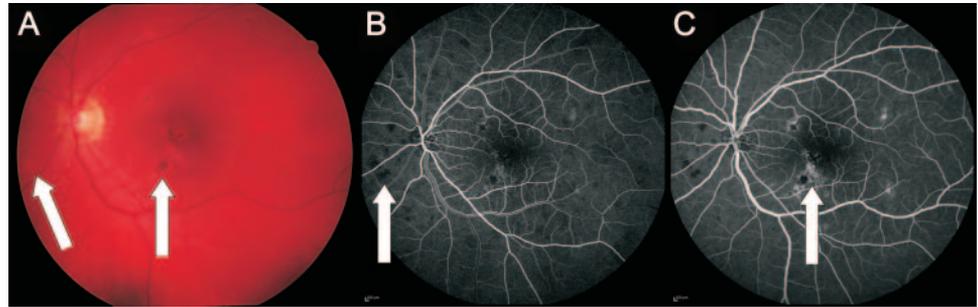
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Funduscopy showed typical white dots (left arrows) with retinal pigment epithelium scar formation (A). Fluorescein angiography demonstrated hypofluorescent lesions characteristic of acute posterior multifocal placoid pigment epitheliopathy in the early phase (B) with late hyperfluorescence of the chorioretinal scar near the macula (C).

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