


PEARLS & OY-STERs: THE USE OF CT VENOGRAPHY IN HIRAYAMA DISEASE
Elisa F. Ciceri, Luisa Chiapparini, Alessandra Erbetta, Milan: Waung et al.1 described a case of Hirayama disease (HD) and concluded that CT venography may be helpful in evaluating patients in whom cervical MRI in flexion fails to demonstrate the typical features to clarify the pathogenesis of HD. Recently, the focus on the pathogenesis of HD seems to be shifting from arterial insufficiency to possible venous stagnation with impairment of spinal cord microcirculation. The hypothetic pathogenetic mechanisms of HD related to venous engorgement (VE) have been examined recently by Elsheikh et al.2 and by our group.3

In HD, posterior VE during cervical flexion may be due to negative pressure in the posterior epidural space, impaired venous drainage in the jugular veins, or shifting of the blood from the anterior to the posterior epidural venous compartment. These conditions probably cause only a rerouting of the venous drainage without increase in venous pressure. The only solid conclusion is that an inelastic dura and its slightly disproportionate growth respective to the bony canal4,5 cause a posterior VE that may affect spinal cord microcirculation.

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Neurology 2013;80;1539
DOI 10.1212/01.wnl.0000429518.94343.9a

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