Bilateral cerebellar hemorrhage in vermian vein thrombosis

A 67-year-old previously healthy man presented with sudden onset of headache, vomiting, and instability of stance and gait. Neurologic examination demonstrated bilateral dysmetria of the limbs, ataxia, and scanning speech. Neuroimaging showed bilateral cerebellar hemorrhage and altered signal of the superior vermian vein suggestive for thrombosis (figures 1 and 2). Workup for hematologic, coagulation, and immunologic disorders was negative.

Figure 1  CT and axial MRI

CT (A) and fluid-attenuated inversion recovery MRI (B, C, D) show bilateral cerebellar hemorrhage.

Figure 2  Sagittal T1 MRI before and after contrast

(A) Before contrast. (B) After contrast. Sequence after contrast administration shows enhancement of the superior vermian vein (arrow). These findings are suggestive for thrombosis.
Simultaneous bilateral cerebellar hemorrhage is extremely rare, especially without known precipitants such as hypertension, vascular anomalies, tumors, congophilic angiopathy, vasculitis, coagulopathy, and illicit drug use.1,2

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