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FLAIR VASCULAR HYPERINTENSITY RESOLUTION IN A TIA PATIENT: CLINICAL-RADIOLOGIC CORRELATION

Mandeep S. Ghuman, Chandigarh; Shabdeep Kaur, Shimla, India: Taieb et al.¹ showed resolution of fluid-attenuated inversion recovery (FLAIR) vascular hyperintensities (FVH) after recovery of neurologic deficits. FVH were reported in acute stroke, intracranial stenosis, moyamoya disease, and TIA.² These hyperintensities represented flow stagnation or slow flow through collaterals due to arterial occlusive lesion: either complete occlusion or stenosis.^{2,3} The MRI in the Taieb et al. case indicated acute ischemic stroke/TIA. The authors should have acquired magnetic resonance angiography (MRA) but the caliber and patency of the internal carotid artery or middle cerebral artery was not mentioned. The repeat MRI done after recovery of aphasia did not indicate interval change in arterial patency status. This is relevant because FVH, also known as ivy sign, decreased or disappeared following restoration of vascular flow.^{2,4} Two reported factors, atrial fibrillation and arterial occlusion/stenosis, had significant and independent associations with FVH.⁵ Presence of atrial fibrillation was not indicated in the history and could be an underlying cause of TIA.

Author Response: Guillaume Taieb, Francesco Macri, Dimitri Renard, Nimes, France: We thank Ghuman et al. for their comments. Kobayashi et al.⁴ determined that the prevalence of FVH in TIA patients was 20%. According to the FVH persistence on follow-up MRI in TIA patients, persistent FVH was found in 35% and transient FHV was seen in the

remaining patients. Persistent FVH was related to arterial occlusive mechanism and was associated with increased risk of recurrent TIA or ischemic stroke. Conversely, transient FVH was associated with atrial fibrillation but not with increased risk of stroke.

In our patient, transient FHV together with normal (intracranial and extracranial) MRA (stated in the original figure legend) evoked the possibility of a paroxysmal atrial fibrillation mechanism, although echocardiography and Holter ECG were normal. Since vascular intensity changes on FLAIR imaging during and after resolution of symptoms were not accompanied by abnormalities on diffusion- or gradient-echo-weighted images or MRA, FLAIR images might be more sensitive than other magnetic resonance sequences to detect vascular patency disorders.⁶

Determination of the cerebral perfusion by perfusion-weighted imaging or transcranial Doppler during and after the resolution of FHV was not performed in our case.

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CORRECTION

Midlife personality and risk of Alzheimer disease and distress: A 38-year follow-up

In the article “Midlife personality and risk of Alzheimer disease and distress: A 38-year follow-up” by L. Johansson et al. (*Neurology*® 2014;83:1538–1544), there is an error in the last row of table 1. In the row that reads “APO ε4 allele (1 or 2)^a, n (%)” the value in the right-hand column should read “90 (29.0).” The authors regret the error.

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