Infantile basal ganglia stroke after mild head trauma

A 13-month-old boy presented to our hospital with a history of right hemiparesis and right facial paresis for 2 days. These symptoms occurred several hours after a fall from a bed to the ground. An MRI of the brain showed an ischemic lesion and cerebral ultrasound examinations demonstrated bilaterally hyperechogenic lenticulostriate arteries (figure).

Infantile basal ganglia stroke after mild head trauma is a rare condition in childhood. Lenticulostriate artery mineralization, lenticulostriate vasculopathy, is implicated as the pathologic substrate in this type of stroke. Rigid mineralized arteries increase the vulnerability of the vessels to shear injury during mild head trauma.

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Author contributions: Su-Tin Yang: patient management and drafting the manuscript. Wang-Tso Lee: patient management, revising the manuscript for content, and final approval of the manuscript. Kun-Long Hung: study supervision, revising the manuscript for content, and final approval of the manuscript. Chaw-Liang Chang: study concept, acquisition of data, analysis and interpretation, and final approval of the manuscript.

Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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MRIs showed a left posterior putamen ischemic lesion extending to the internal capsule (A). A cerebral ultrasound examination identified lenticulostriate vasculopathies, which are not shown by MRIs. Bilateral multiple lenticulostriate vasculopathies were observed in coronal (B, C), and left (D) and right (E) parasagittal views (arrows).

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Neurology 2015;84;2381-2382
DOI 10.1212/WNL.0000000000001669

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