

## Pseudoxanthoma elasticum and cerebral ischemic stroke

Sir,

I read with interest the recent report of an acute cerebrovascular accident in a patient with pseudoxanthoma elasticum (PXE).<sup>[1]</sup> However, I would like to make certain observations.

Kumar *et al*, have reported dolichoectasia and thickening of the “basilar artery” and an infarct in the “frontoparietal” region. However, it should be noted that frontoparietal infarct is not due to basilar artery disease as suggested. Frontoparietal regions are supplied by the internal carotid / middle cerebral arteries and not the basilar artery.

Computed tomography (CT) scan of the brain (as done by the authors) is not the best imaging modality to study cerebral blood vessels. Magnetic resonance (MR) angiography and CT angiography are better options, which could have shown the involvement of the internal carotid / middle cerebral arteries as suggested by the patient's clinical presentation.

The incidence of ischemic stroke is increased in patients with PXE. In a 17-year follow-up study involving 100 patients with PXE, eight patients were found to have brain stroke.<sup>[2]</sup> The cause of brain stroke in PXE is small vessel disease rather than large vessel occlusion.<sup>[3]</sup> Magnetic resonance imaging (MRI) of the brain, rather than CT, would have been ideal to show the changes of small vessel disease in the brain.

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