Neurology India

Free full text at
www.neurologyindia.com and www.bioline.org.br/ni

March, 2008 | CONTENTS | Vol. 56 Issue 1

Editorial

'Aqualisation' of neuraxis: Wondrous neuraqua CSF 1
Manu Kothari, Atul Goel 1

View and Review

Organization of neurology services in India: Unmet needs and the way forward
Mandaville Gourie-Devi 4

Original Articles

Endoscopic management of brain abscesses
Yad Ram Yadav, Mallika Sinha, Neha, Vijay Parihar 13

Pattern of cerebellar perfusion on single photon emission computed tomography in subcortical hematoma: A clinical and computed tomography correlation
Jayantee Kalita, Usha K. Misra, Prasen Ranjan, P. K. Pradhan 17

Imaging features in Hirayama disease
Hemant A. Sonwalkar, Rakesh S. Shah, Firosh K. Khan, Arun K. Gupta, Narendra K. Bodhey, Surjith Vottath, Sukalyan Purkayastha 22

Delayed habituation in Behcet's disease
Sefa Gulturk, Melih Akyol, Hulusi Kececi, Sedat Ozcelik, Ziynet Cınar, Ayse Demirkazık 27

Erythrocyte indicators of oxidative changes in patients with graded traumatic head injury
Chandrika D. Nayak, Dinesh M. Nayak, Annaswamy Raja, Anjali Rao 31

Repeat gamma knife radiosurgery for recurrent or refractory trigeminal neuralgia
Liang Wang, Zhen-wei Zhao, Huai-zhou Qin, Wen-tao Li, Hua Zhang, Jian-hai Zong, Jian-Ping Deng, Guo-dong Gao 36

Taste dysfunction in vestibular schwannomas
Rabi Narayan Sahu, Sanjay Behari, Vimal K. Agarwal, Pramod J. Giri, Vijendra K. Jain 42

Surgical management of traumatic intracranial pseudoaneurysms: A report of 12 cases
Xiang Wang, Jin-Xiu Chen, Chao You, Min He 47

Expression of truncated dystrophin cDNAs mediated by a lentiviral vector
Sun Shunchang, Chen Haitao, Chen Weidong, He Jingbo, Peng Yunsheng 52

Gamma knife radiosurgery for glomus jugulare tumors: Therapeutic advantages of minimalism in the skull base
Manish S. Sharma, A. Gupta, S. S. Kale, D. Agrawal, A. K. Mahapatra and B. S. Sharma 57

Neurology India

Free full text at
www.neurologyindia.com and www.bioline.org.br/ni

March, 2008 | CONTENTS | Vol. 56 Issue 1

Case Reports

Subarachnoid hemosiderin deposition after subarachnoid hemorrhage on T2*-weighted MRI correlates with the location of disturbed cerebrospinal fluid flow on computed tomography cisternography

Yoshifumi Horita, Toshio Imaizumi, Yuji Hashimoto, Jun Niwa 62

Anesthesia management of awake craniotomy performed under asleep-awake-asleep technique using laryngeal mask airway: Report of two cases

Gadhinglajkar Shrinivas Vitthal, Rupa Sreedhar, Mathew Abraham 65

High cervical C3-4 'disc' compression associated with basilar invagination

Atul Goel 68

Short-lasting unilateral neuralgiform headache with conjunctival injection and tearing: Response to antiepileptic dual therapy

Ravi Gupta, Manjeet S. Bhatia 71

Correlation of autism with temporal tubers in tuberous sclerosis complex

Kavitha Kothur, Munni Ray, Prahbhjot Malhi 74

Non-traumatic carotid dissection and stroke associated with anti-phospholipid antibody syndrome: Report of a case and review of the literature

Benzi M. Kluger, Richard L. Hughes, C. Alan Anderson, Kathryn L. Hassell 77

Osteoma of anterior cranial fossa complicated by intracranial mucocele with emphasis on its radiological diagnosis

Jinhu Ye, Hui Sun, Xin Li, Jianping Dai 79

Vasospasm after transsphenoidal pituitary surgery: A case report and review of the literature

Manish Kumar Kasliwal, Ravinder Srivastava, Sumit Sinha, Shashank S. Kale, Bhawani S. Sharma 81

Chondromyxoid fibroma of the seventh cervical vertebra

Ashish Jonathan, Vedantam Rajshekhar, Geeta Chacko 84

Acute progressive midbrain hemorrhage after topical ocular cyclopentolate administration

Tarkan Calisaneller, Ozgur Ozdemir, Erkin Sonmez, Nur Altinors 88

Letters to Editor

Digital subtraction angiography laboratory with inbuilt CT (DynaCT): Application during intracranial anurysm embolization 90

Concomitant tuberculous and pyogenic cerbellar abscess in a patient with pulmonary tuberculosis 91

Drug complianceafter stroke andmyocardial infarction:Is complementary medicine an issue? 93

Neurology India

Free full text at
www.neurologyindia.com and www.bioline.org.br/ni

March, 2008 | CONTENTS | Vol. 56 Issue 1

Multiple intracranial developmental venous anomalies associated with complex orbitofacial vascular malformation 93

Nitrofurantoin-induced peripheral neuropathy:A lesson to be re-learnt 94

Posterior longitudinal ligament cyst as a rare cause of lumbosacral radiculopathy with positive straight leg raising test 96

Aqueductal stenosis caused by an atypical course of a deep collector vein draining bilateral cerebellar developmental venous anomalies *97*

Recovery of increased signal intensity of the cervical cord on magnetic resonance imaging after surgery for spontaneous spinal epidural hematoma causing hemiparesis 98

Simultaneous thalamic and cerebellar hypertensive hemorrhages 100

Neuroimages

MRI and MRA in spontaneous intracranial arterial dissection

S. Raghavendra, Sanjeev V. Thomas, Krishnamoorthy Thamburaj, Bejoy Thomas *102*

Shunt catheter migration into pulmonary arteries

Miikka Korja, Matti K. Karvonen, Arto Haapanen, Reijo J. Marttila *103*

Susceptibility weighted imaging in holohemispheric venous angioma with cerebral hemiatrophy

Sivaraman Somasundaram, Chandrasekharan Kesavadas, Bejoy Thomas *104*

Forthcoming Events 105

Instructions to Authors 106

Referees List - 2007 ..... 000???

Recovery of increased signal intensity of the cervical cord on magnetic resonance imaging after surgery for spontaneous spinal epidural hematoma causing hemiparesis

Sir,

Spontaneous spinal epidural hematoma (SSEH) is a rare acute condition with no significant trauma.[1-3] Minor trauma, an acute increase in the venous pressure, blood hypertension, anticoagulants and bleeding diathesis are considered to be inducers of SSEH. Emergent surgery has been indicated in most cases of SSEH[1] although conservative therapy has been reported to be selected. We describe herein a case of SSEH presenting with

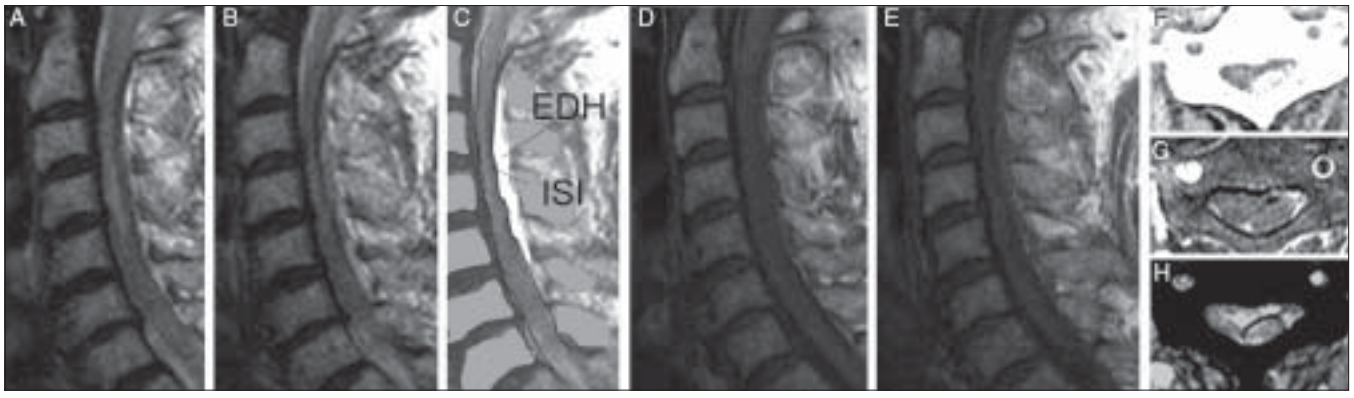

Figure 1: A.-E. T2- (A and B) and T1- (D and E) weighted sagittal view of MR images on admission showing an iso-intense lesion on the level from C2 to C6. A schematic Figure (C) corresponds to Figure B F.-H. CT scan (F), T1- (G) and T2-weighted (H) axial view of MR imaging on the C4 level

hemiparesis.

An 82-year-old man noticed severe pain in his neck and left arm and rapid progressive weakness in his left arm and foot. He was admitted to a nearby hospital with a diagnosis of cerebral infarction. The patient was referred to our hospital 16 h after the occurrence of symptoms. He had a previous history of hypertension, angina pectoris and asymptomatic multiple cerebral infarctions. He has been treated with aspirin.

Physical examination revealed no traumatic wound on his body. Neurological examinations revealed severe left hemiparesis with neither facial palsy nor sensory abnormality. All blood-chemical findings, including platelet count, prothrombin time and activated thromboplastin time, were normal. A plain computer tomography (CT) scan of the brain excluded an acute cerebral event. The CT scan of the cervical spine revealed a high dense lesion in the left side of the spinal canal on the level from the second cervical lamina (C2) to the sixth cervical lamina (C6), compressing the spinal cord. Magnetic resonance (MR) imaging revealed an iso-intense extradural lesion and increased signal intensity (ISI) of the cervical cord on T2-weighted image [Figure 1].

Laminectomy was performed and the epidural hematoma (EDH) was evacuated. During surgery, any abnormality of the vessels or dura was not observed. Histopathological examinations revealed that the specimen consisted of typical hematoma. The postoperative course was uneventful, with gradual recovery from left hemiparesis and MR imaging performed one day, one week and two months afterwards revealed apparent recovery of ISI [Figure 2].

Hemiparesis due to SSEH is a relatively uncommon symptom compared with tetraparesis and a few cases of hemiparesis due to SSEH have been reported. The patients with hemiparesis have often been misdiagnosed as cerebral infarction.[1] We emphasize that SSEH should be considered in patients with hemiparesis especially when having neck and arm pain. It is considered

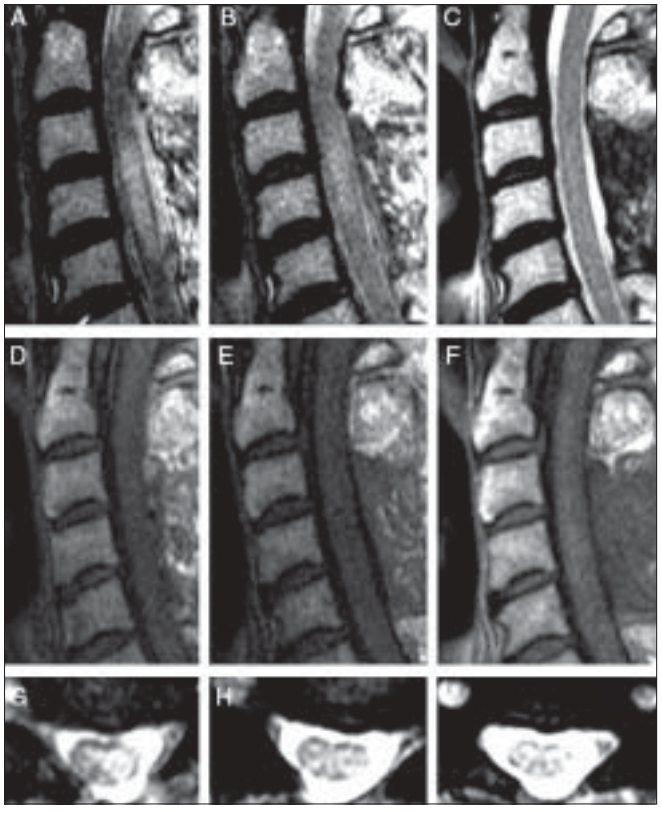

Figure 2: Sagittal view on T2- and T1-weighted MRI images and axial view on T2-weighted MR images one day (A, D and G), one week (B, E and H) and two months (C, F and I) after surgery

that the neurological outcomes of patients with incomplete neurological deficit including hemiparesis are reversible, when appropriate managements are selected, though most cases of complete tetraparesis may be irreversible.[1,2] Also in our case, severe hemiparesis improved after emergent evacuation of hematoma.

In a review of spinal EDH mainly caused by traumatic accident, ISI was found to be associated with poor outcome.[4] In SSEH, no statistical difference has been observed between functional outcomes of patients with ISI and without ISI, although ISI tends to be related

to a poor functional outcome.[2] Also, in patients with mild cervical myelopathy, ISI was not related to a poor outcome of conservative treatment or severity of myelopathy, although there was some tendency that satisfactory outcome was obtained in patients with improvement of ISI and patients without ISI initially, compared to patients without improvement of ISI.[5] In our case, ISI recovered dramatically after surgical decompression in association with recovery of hemiparesis. Even if ISI is present, intensive therapy should be applied because functional recovery may be expected, as in our case.

Eiichi Ishikawa, Atsushi Saito, Yuji Kujiraoka, Akira Matsumura[1]

Department of Neurosurgery, Ibaraki Prefectural Central Hospital, Koibuchi, Kasama, [1]Department of Neurosurgery, Doctoral Program in Functional and Regulatory Medical Science, Graduate School of Comprehensive Human Sciences, University of Tsukuba, Tennodai, Tsukuba, Ibaraki, Japan. E-mail: eii@ishikawa.email.ne.jp

References

1. Groen RJ, van Alphen HA. Operative treatment of spontaneous spinal epidural hematomas: A study of the factors determining postoperative outcome. Neurosurgery 1996;39:494-508.
2. Liao CC, Lee ST, Hsu WC, Chen LR, Lui TN, Lee SC. Experience in the surgical management of spontaneous spinal epidural hematoma. J Neurosurg 2004;100:38-45.
3. Neetu R, Chandra MS, Rashmi M. Cervical spinal epidural hematoma with acute Brown-Sequard presentation. Neurol India 2006;54:107-8.
4. Chang FC, Lirng JF, Luo CB, Yen YS, Guo WY, Teng MM, *et al*. Evaluation of clinical and MR findings for the prognosis of spinal epidural haematomas. Clin Radiol 2005;60:762-70.
5. Matsumoto M, Toyama Y, Ishikawa M, Chiba K, Suzuki N, Fujimura Y. Increased signal intensity of the spinal cord on magnetic resonance images in cervical compressive myelopathy. Does it predict the outcome of conservative treatment? Spine 2000;25:677-82.

Accepted on 29-05-2007