#### CASE 4

**78 Y/O WOMAN** 

## Brief history

Past history
 Hypertension & hyperurecemia

#### Chief complain

Recent cognitive decline, personality change & memory impairment for 2 weeks

## Imaging studies

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Brain CT (2020.03.19)
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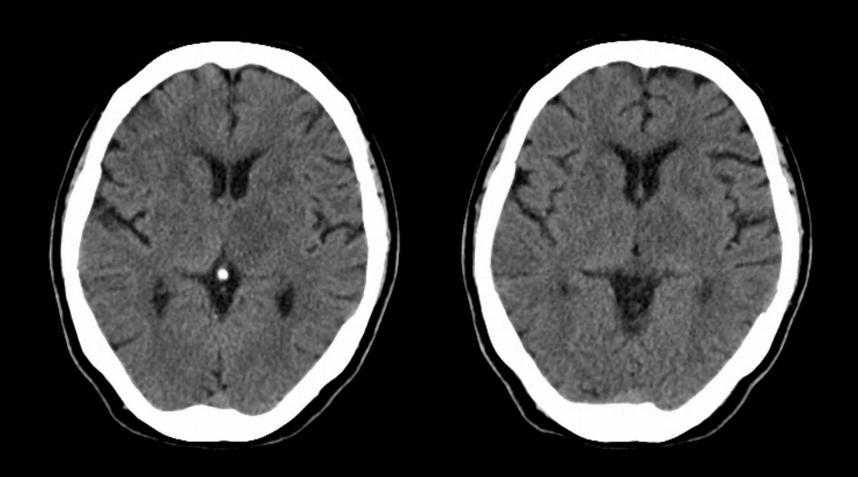
Brain MRI (2020.03.25)

Brain MRI (2020.04.01)

Brain MRI (2020.04.23)

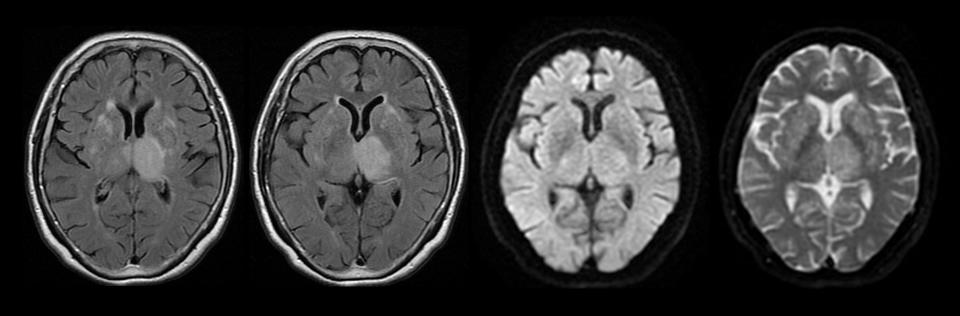
# Brain CT (2020.03.19)

✓ Decreased attenuation of the left thalamus with mild mass effect



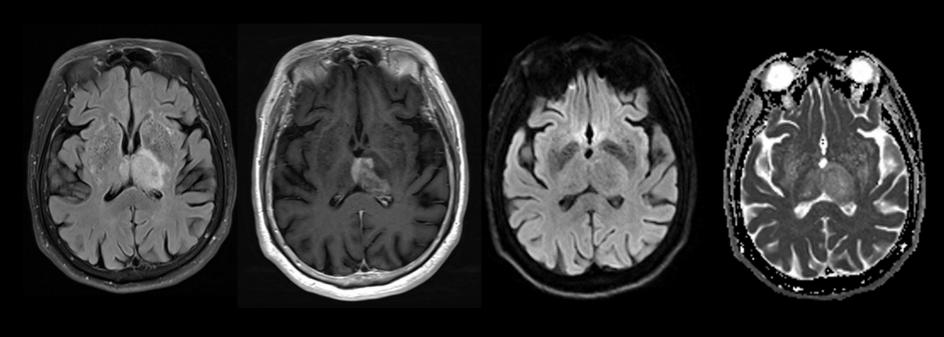
# Brain MRI (2020.03.25)

✓ A 2-cm enhancing tumor in the left thalamus with invasion of the massa intermedia and possibly the right thalamus



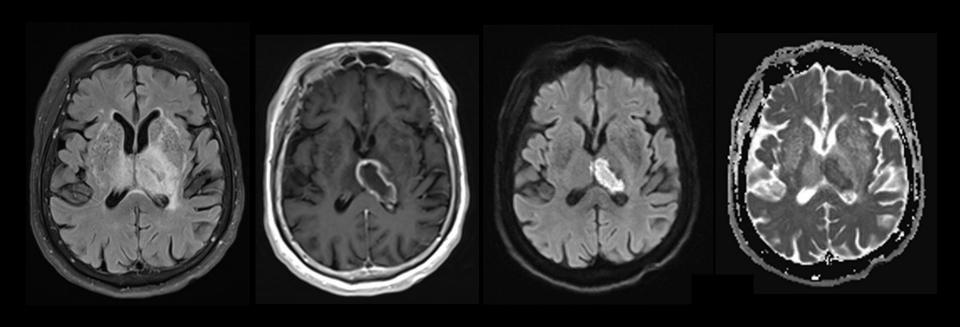
## Brain MRI (2020.04.01)

✓ Bilateral thalamic lesions, predominantly on the left with adjacent prominent venous drainage, present with heterogeneous enhancement; no increased choline peak and not restricted diffusion



## Brain MRI (2020.04.23)

✓ Bilateral thalamic lesions, predominanly on left thalamus with adjacent prominent venous drainage and peripheral rim enhancement

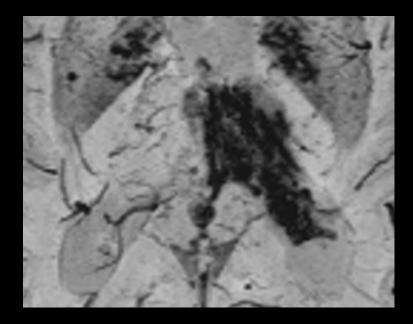


## Differential Diagnoses

- Venous cerebral infarction due to occlusion of the internal cerebral veins and straight sinus
- Low grade glioma with venous occlusion
- CNS lymphoma

### Brain MRA (2020.09.09)

- ✓ Encephalomalacia with hemosiderin deposition involving left thalamus
- ✓ Partial occlusion of left internal cerebral vein is noted at vessel wall images, with prominent venous channels at the left medial temporal lobe and bilateral parasagittal frontal lobes.





### Differential Diagnoses

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#### **Cerebral venous infarction**

- Uncommon form of stroke most commonly secondary to cerebral venous thrombosis
- 10% due to thrombotic occlusion of deep cerebral veins (internal cerebral veins, vein of Galen, straight sinus)
- NECT:
  - Hyperdense veins & sinus
  - Hypodense thalami/basal ganglia
  - loss of gray-white matter interfaces
- MRI:
  - Acute clots hypointense on T2WI, "bloom" on T2\*
  - Deep (medullary) WM veins prominent, tortuous on SWI

# Venous cerebral infarction

