

# 與大師對談

2018-05-15

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- 模擬臨床情境，學習大師之影像判讀及鑑別診斷邏輯。
- 了解大師對影像品質之建議。

**CASE 1**

**67Y MAN**

**CADASIL OR CAA?**

# Brief history

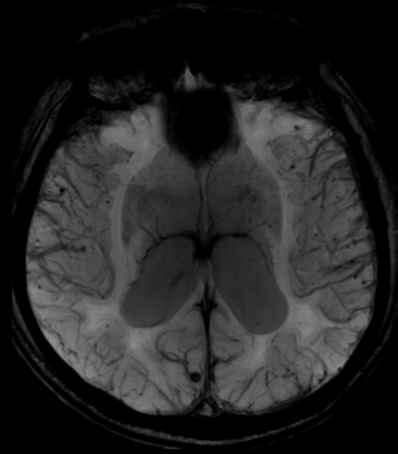
- 67 years old man.
- Chief complain:
  - Alexia, memory impairment, mood disturbance and gait disturbance gradually developed in recent 10 years.
  - 看報紙讀不進去,八卦新聞圖片多比較好
  - 家人說會把兩個女兒搞混,吃什麼記不得,會忘東忘西,易怒
  - 走路易跌倒
  - 字愈寫愈小,姓名寫不出來

# Imaging

....under regular follow up since 4 years ago,  
remain stationary

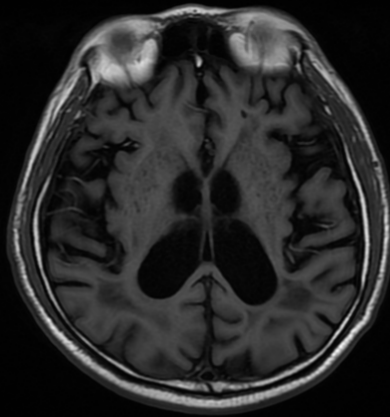
- 2017-01 Brain MRI No C

# Imaging findings



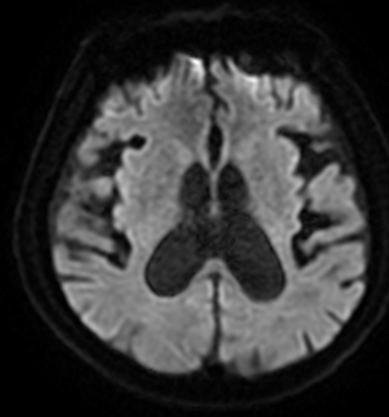
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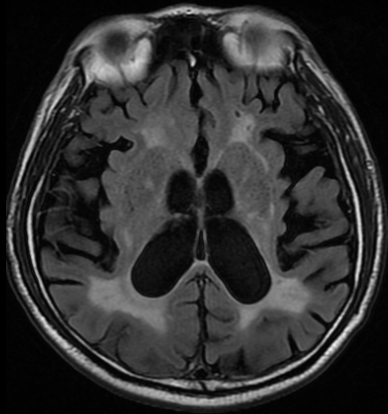
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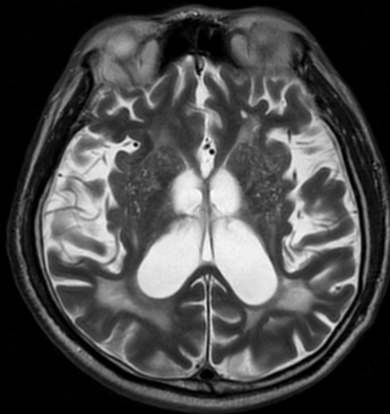


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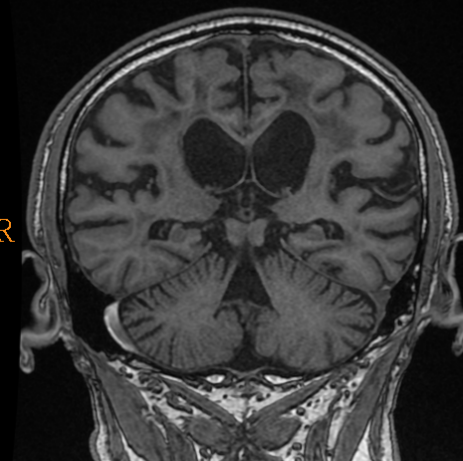
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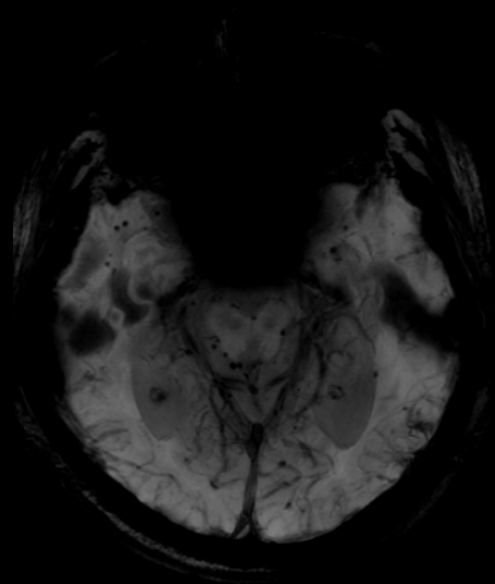
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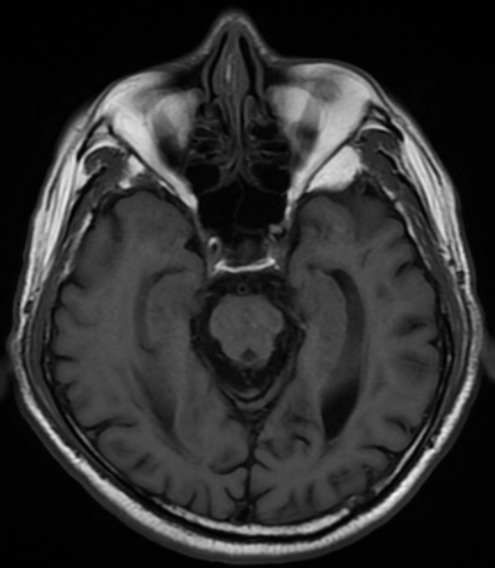


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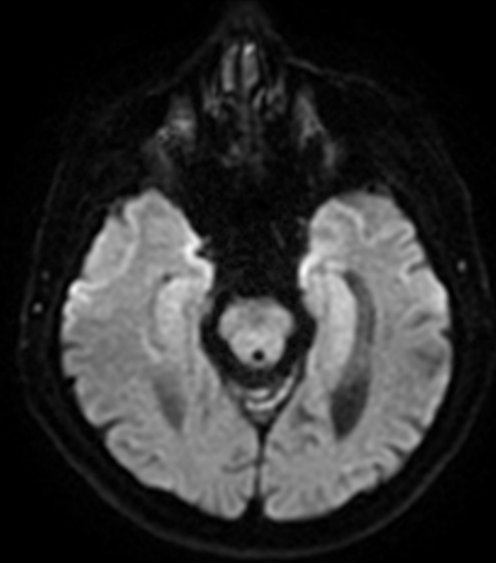
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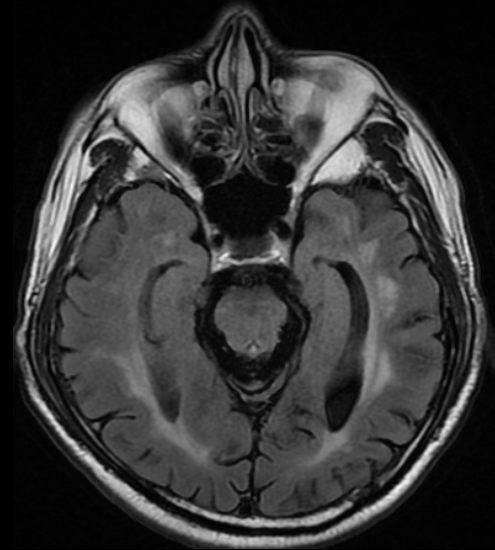


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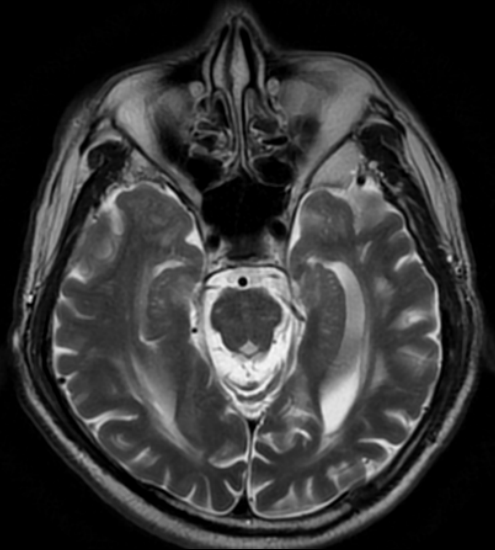
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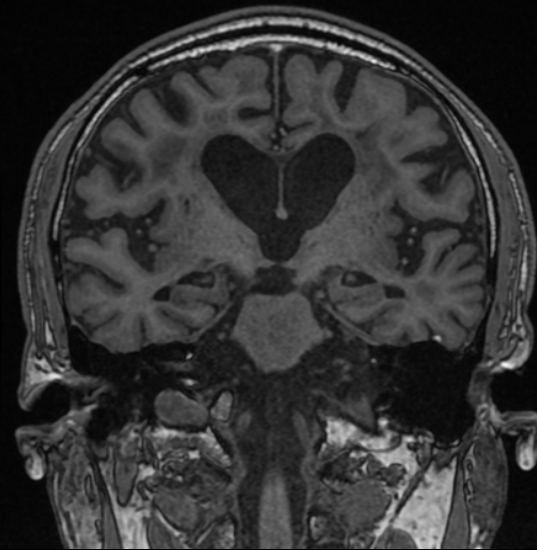
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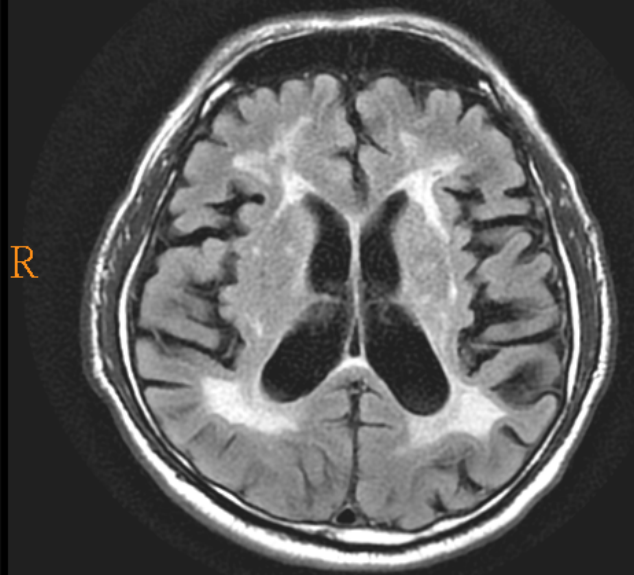
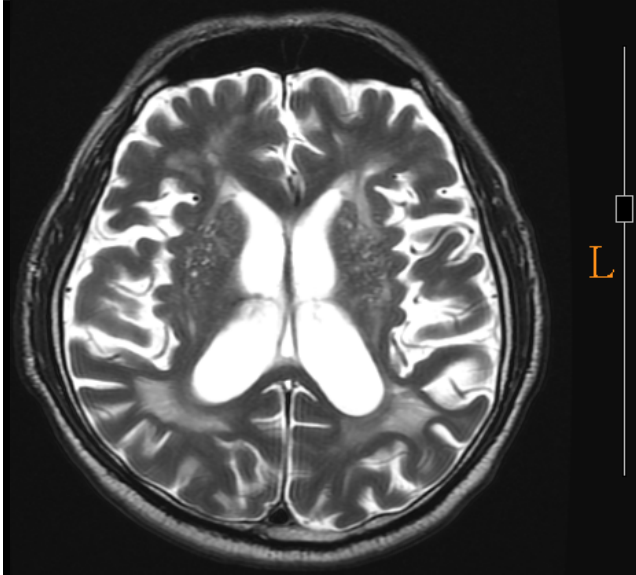
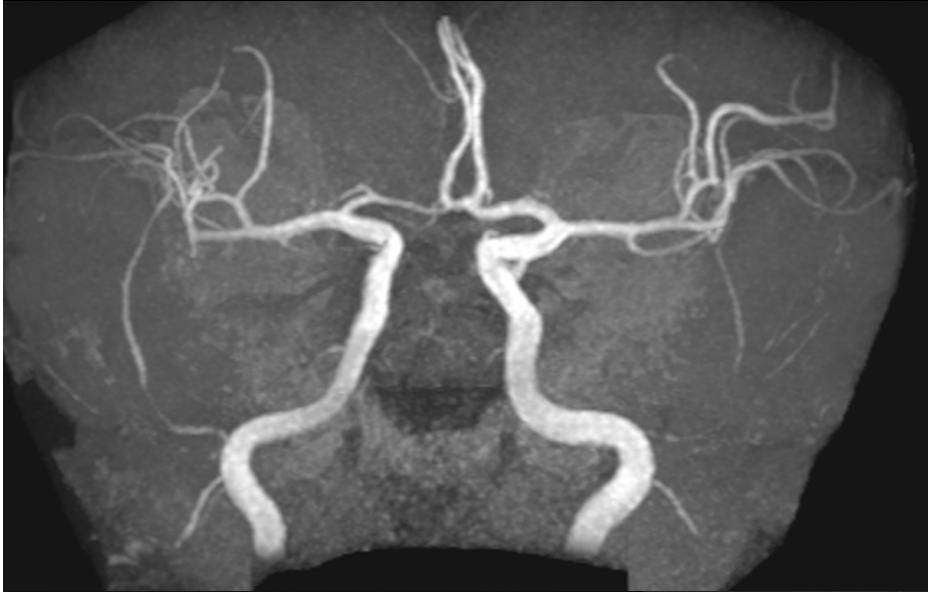
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# Differential Dignosis

- CADASIL
- Cerebral amyloid angiopathy
- HTN microangiopathy

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- No stroke like episode before
- No family history of stroke
- No HTN, no DM.
- Genetic test negative (*NOTCH3* mutation negative)

# CADASIL

- Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephaopathy.
- Hereditary small-vessel disease due to mutations in **NOTCH3 gene** on chromosome 19
- Clinical presentation:
  - TIA/stroke or migraine with aura
  - Average onset of stroke: **50 years old (young)**
- Imaging findings:
  - Bilateral diffuse white matter hyperintensities
  - Multiple lacunar infarcts
  - Specific subcortical lacunar infarction, location: **Anterior temporal pole, external capsule and paramedian superior frontal lobe.**
  - Microhemorrhages in 25-50% of patients

# Cerebral amyloid angiopathy

- Clinical issue:
  - CAA common in demented elderly patients.
  - Acute presentation: hemorrhagic stroke
  - Chronic presentation: dementia
  - Age: **older** when sporadic (**> 60 years old**)
- Imaging findings:
  - Multifocal cortical/subcortical "black dots" on T2\* or SWI MR
  - May accompany with Lobar hemorrhage(s) of different ages
  - Location: Less common in brainstem, deep gray nuclei, cerebellum, hippocampus