CASE STUDY - SUBACUTE STRIATUM INFARCT

Clinical History

Hospital admission after sudden onset of headache, dense contralateral hemiplegia and hemisensory deficit.

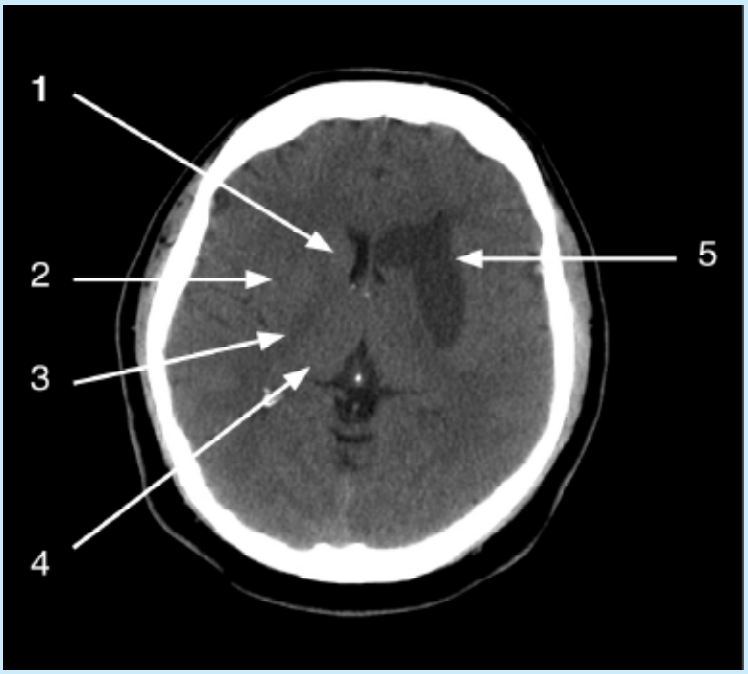

Figure 1. CT scan without iv-contrast obtained at admission about 8 hour post onset of symptoms.

1. Head of caudate nucleus
2. Lentiform nucleus (putamen and globus pallidus)
3. Internal capsule (posterior limb)
4. Thalamus
5. Subacute striatum infarct (involving caudate nucleus, anterior limb of internal capsule and putamen)

Radiological Report

There is evidence of a hypodense CT appearance of the left sided caudate nucleus, anterior limb of internal capsule and putamen resulting in a slight compression of the frontal horn of left lateral ventricle. These CT findings are in keeping with a subacute ischaemia of the perforating branches of left sided middle cerebral artery or a subacute striatum infarct. There is no evidence of an internal hydrocephalus, midline shift or of signs of significantly raised intracranial pressure. No underlying space occupying lesions or obvious malformations are demonstrated. No haemorrhagic infarct transformation is seen.

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