A strange case of Bell's Palsy

Maria Sofia Cotelli (MD)[1], Mirko Scarsi (MD)[2], Barbara Borroni (MD, PhD)[3], Alessandro Padovani (MD, PhD)[3], Marta Bianchi (MD)[3], Valeria Bertasi (MD)[1], Patrizia Civelli (MD)[1], Marinella Turla (MD)[1]

1) Neurological Service Vallecamonica Sebino Hospital, Esine (Bs)

2) General Medicine Department Vallecamonica Sebino Hospital Esine (Bs)

3) Neurology Unit, Department Clinical and Experimental Sciences, University of Brescia

INTRODUCTION

Takayasu arteritis is a rare, systemic, inflammatory large-vessel vasculitis of unknown etiology that most commonly affects women of childbearing age. It is defined as "granulomatous inflammation of the aorta and its major branches". Takayasu Arteritis can be associated to substantial morbidity and may be life-threatening. Complications of the disease include major strokes and intracranial hemorrage. Here we report the case of a young woman with a mild presentation of the disease

CASE REPORT

We report the case of a 39 years-old Moroccoan woman who underwent our observation due to a complete left facial hemiparesis initially interpreted as Bell's Palsy. Her familiar and general history were unremarkable. Remaining neurological observation was normal. We decided to treat her with steroid and vitamins and requested a brain MRI. Five days later she started to complain of left arm weakness with dropped hand.

RESULTS

Immunological evalutation was performed and following 1990 American College of Rheumatology criteria (3 criteria present with sensitivity of 90.5%, sensitivity of 97.8%) Takayasu diagnosis was carried out. Patient was treated with Azatioprine together with steroid therapy and antiplateled drugs with significant improvement of symptoms (neurological examination is currently normal)

EXAMS

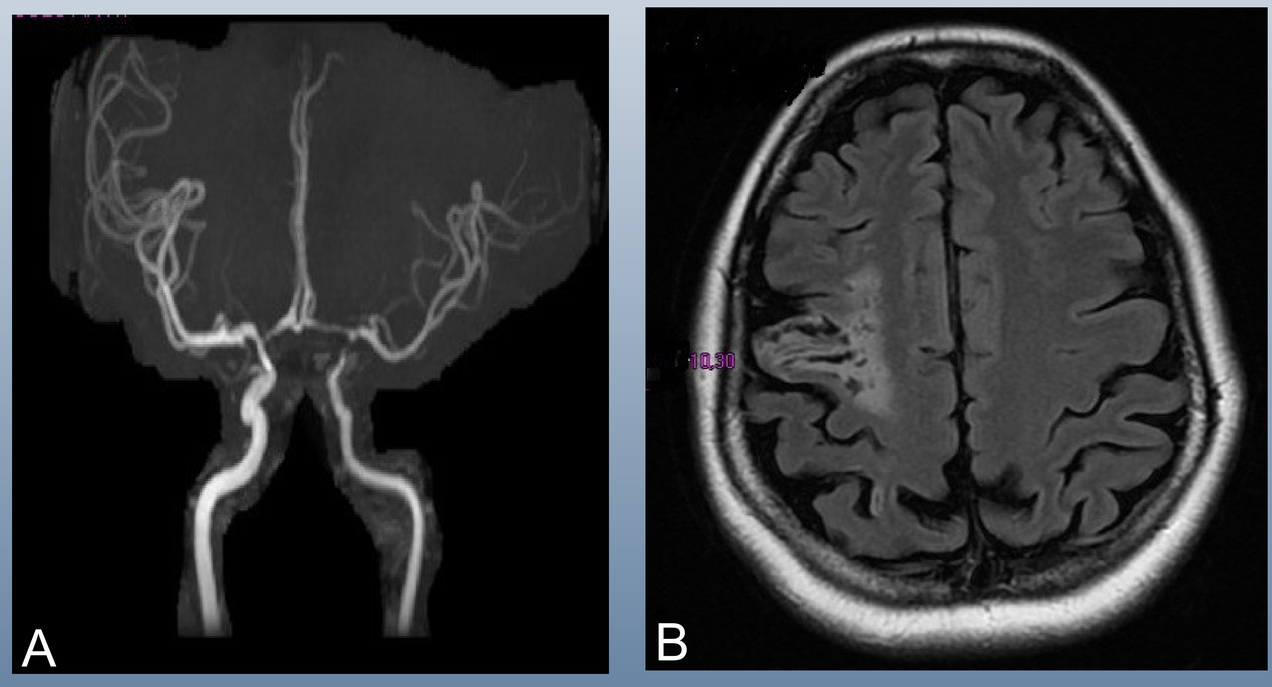
Brain MRI showed multiple cortico-sottocortical acute ischemic lesions in middle frontal and precentral lobe, with medial extension to the semioval center, in post central and in the ipsilateral posterior parietal giri (with less restriction of diffusion, probable ischemic lesions in subacute phase).

Brain angio MRI showed intracranial internal carotid artery right stenosis. Angiography showed stenosis of the right carotid siphon (70%), of the left sovra-clinoideal tract of internal carotid artery (40-45%), left focal stenosis in A1 (50-55%). Large vessel vasculitis was consequently suspected.

Abdominal angio MRI excluded other stenoses.

(18) F-fluorodeoxyglucose-positron emission tomography reported no accumulation in the vascular wall of the large vessel using semiquantitative (visual grade) and quantitative (standard uptake value intensity) analyses.

Blood exams with immunological panel were all normal.



A) Angio- MRI B) T2FLAIR

CONCLUSIONS:

Takayasu arteritis is a sistemic disease typical of young women which may have atypical presentation. In our case selective brain involvement (without direct aortic damn) has been found. Atypical onset, such as complete VII nerve deficit, may represent the disease onset.

REFERENCES

- Wahrend WP et al. The American College of Rheumatology 1990 criteria for the classification of takayasu arteritis 1990; 8: 1129-1134
- Abdel Razek AA et al. Imaging Spectrum of CNS Vasculitis Radiographics 2014, 34: 873-94

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