Remote intracranial parenchymal hemorrhage in susceptibility-weighted imaging

A 45-year-old female presented to hospital with blurred vision and left homonymous hemianopia. MRI showed an extraaxial mass lesion over right occipital region. The patient underwent resection of the mass, which revealed a meningioma. She tolerated the procedure well. During the following post-operation MRI, susceptibility-weighted imaging (SWI) showed curvilinear hypointense signal intensity over left cerebellum and left temporal base suggestive of remote intracranial parenchymal hemorrhage (Figure 1). No underlying lesion was identified. The further post-operative course was uneventful and the patient discharged smoothly.

SWI has been shown to be more sensitive in detecting cerebral microbleeds than conventional T2*-weighted gradient-recalled echo imaging. Remote intracranial parenchymal hemorrhage had been described as a rare complication of supratentorial craniotomies and further management is based on the severity of the hemorrhage and resultant complications. SWI may play a promising role in clinical practice by possibly offering earlier detection of this complication and may help to avoid unnecessary interventions.

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References
