PP 135 SLOW TO RESPOND: BILATERAL CORPUS CALLOSUM INFARCTION

Tan Cheung Kiat[1], Zyneelia Husain[1]

[1]Jabatan Kecemasan dan Trauma, Hospital Umum Sarawak, Jalan Hospital, 93586 Kuching, Sarawak

INTRODUCTION:

Acute corpus callosum infarction is generally rare and it is easily misdiagnosed in the early stage due to its complex clinical manifestation. We herein report a case with a rare presentation of stroke which requires much workup and imaging to reach a conclusive diagnosis. The management of this patient is analysed and discussed in this case study.

CASE REPORT:

A 59-year-old lady, previously ADL independent, with underlying diabetes mellitus, hypertension and dyslipidemia presented to hospital with an altered mental state for the past 6 days prior to presentation.

Her key clinical features included slowness in response, poverty of speech, involuntary movements of bilateral upper limbs, and weakness of bilateral lower limbs. She had no signs or symptoms of an infection, and vision was intact. Her symptoms were progressive and debilitating.

Plain CT brain of this patient revealed hypodensity over the corpus callosum involving the genu and splenium. MRI/MRA brain showed underlying atherosclerotic disease of the intracranial arteries with non-flow within both ACAs.

DISCUSSIONS:

Infarction of the corpus callosum are uncommon and have not been well characterized in recent literature. This is postulated to be due to the rich blood supply from both anterior and posterior circulations. The appearance of bilateral corpus callosum infarctions can be confounding and can suggest a more malignant aetiology. In addition, the patients may present with atypical clinical and radiological findings.

However, with advances in radiological imaging, more often than not these lesions can be diagnosed and followed up without the need for invasive procedures e.g. biopsies.