

Vessel wall MRI in the dissecting pseudoaneurysm related to Parry-Romberg syndrome

Estudo de parede vascular por ressonância magnética em pseudoaneurisma dissecante associado a síndrome de Parry-Romberg

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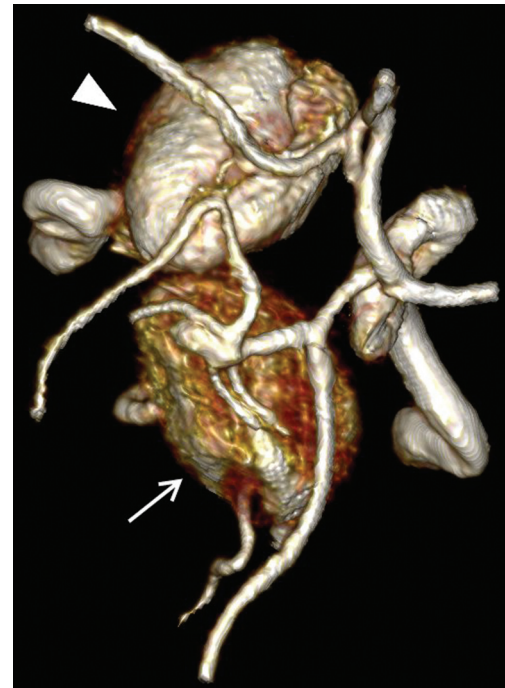
A 7-year-old girl with a previous diagnosis of Parry-Romberg syndrome presented with acute headache (→ **Figures 1** and **2**). Parry-Romberg syndrome is a subtype of localized scleroderma of the head that, although rare, may be associated with giant intracranial aneurysms.¹ The etiology of these aneurysms is still poorly understood; however, it is believed that it may be related to endothelial inflammatory injury or vasa vasorum microangiopathy and vascular wall ischemia.^{1,2} Dissecting pseudoaneurysm of intracranial arteries is rare and may result in acute headache and neurological deficits.^{1,2} The characterization of mural enhancement in vessel wall magnetic resonance imaging (MRI) in this case corroborated the hypothesis of a vasculitis-related etiology.

Authors' Contributions

AV: collected the data, conceived the analysis, and wrote and reviewed the paper; BCAT: guided the preparation of the work, and wrote and reviewed the paper.

Conflict of Interest

The authors have no conflict of interests to declare.



Figures 1 Volume-rendered time-of-flight angiography. The superior view depicts the dissecting pseudoaneurysm of the basilar artery (arrow) and a right internal carotid artery aneurysm (arrowhead).

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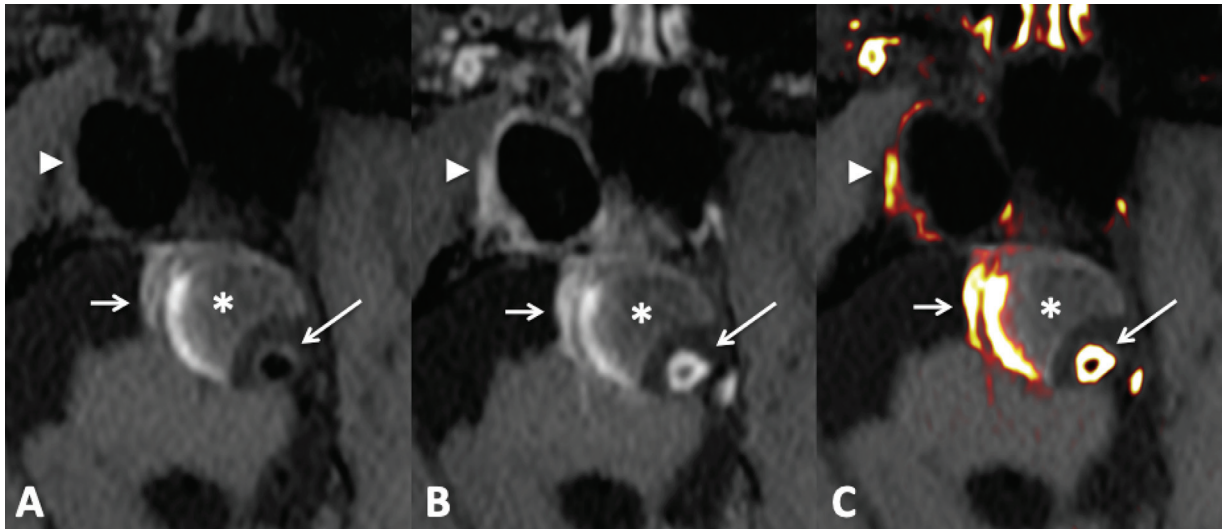


Figure 2 Vessel Wall MRI. Precontrast (A), postcontrast (B), and image fusion (C) depict the dissecting pseudoaneurysm of the basilar artery composed of a large subadventitial hematoma (asterisks) associated with inflammatory changes (short arrows). Note the circumferential wall enhancement of the basilar artery causing stenosis (long arrows) and right internal carotid artery aneurysm (arrowheads).

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