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An Elusive Diagnosis Of Superficial Siderosis: A Case Report

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Categories: Radiology
Keywords:

How to cite this poster
Nunes C A., Carreiro I, Januario C (2013) An Elusive Diagnosis Of Superficial Siderosis: A Case Report. Cureus 5(1): e545.

Abstract

Superficial siderosis (SS) of the Central Nervous System (CNS) is a rare entity characterized by the deposition of hemosiderin in the leptomeninges originated by chronic and recurrent bleeding into the sub-arachnoid space, in most cases, remaining sub-clinical and for long periods of time. The cases described in the literature are associated with tumors, aneurysms, arterial-venous malformations, post-surgical changes, traumatic cervical and brachial plexus injuries. However, the cause of bleeding remain unclear in 40-50% of cases. We describe the case of a female patient, 59 years old, with history of progressive gait ataxia, developed over a 1 year period. The CT revealed space-occupying lesion in the left ventricle. Subsequent MRI study suggested as differential diagnosis choroid plexus papilloma, ependymoma, and/or gliosarcoma. She was submitted to neurosurgical procedure with incomplete excision of the formation. The histological study just show normal cerebral tissue impregnated with hemosiderin. In the next few months she developed new neurological signs as well as aggravated ataxia. The new imaging study (MRI) showed the typical findings of siderosis. Conclusions: Although a rare entity, we should be aware of it, mainly in the imaging study in patients with deafness or ataxia. An extensive radiological examination sometimes is needed in order to localize the source of bleeding, that even the could remain unknown.

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Published 01/13/2013

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