

REPORT AND LITERATURE REVIEW

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Introduction

The most common type is the hypertensive stroke caused by a chronic lesion of small perforating arteries, the same as in the lular stroke proving the fragility of the vascular wall and forming small aneurysms. The Stroke is a pathology characterized by the acute onset of a focal neurological deficit due to an injury in a specific area of the brain caused by a disturbance in the neurovascular circulation. There are several risk factors accompanying this disease, such as: arterial hypertension, advanced age, recent stroke, smoking, alcoholism, arteriovenous malformation, dyslipidemia, sedentary lifestyle, obesity, diabetes mellitus, migraine with aura, oral contraceptives, anticoagulant therapy, among others. It is referred to as the second most common cause of death worldwide and the third leading cause of disability.

Objective

Perform a literature review of a rare case of a young adult seen at a Reference Neurosurgery Service in the State of Tocantins with an expansive lesion showing intraparenchymal hemorrhage, as well as discussing differential diagnoses and therapeutic approaches.

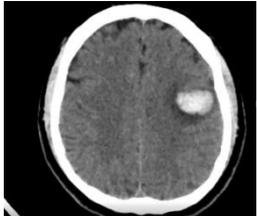


Figura 1: Admissão na emergência



Figura 2: T2 flair, hemorragia intraparenquimatosa.

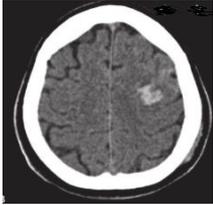


Figura 3: Hemorragia intraparenquimatosa



Figura 4: Imagem T1 com contraste corte sagital

Methods

A bibliographic survey of PubMed, Medline and Scielo data was performed. 60 articles were selected and, after reading their abstracts, only 30 were compatible with the purpose of this review, which aims to review the diagnosis and treatment of a cavernoma.

Results

The articles showed that cavernous angiomas represent 15% of vascular malformations in the CNS, are more commonly located in the supratentorial region (60-80%), and occur with equal frequency between the sexes, in patients with a mean age between 30-40 years. Its pathogenesis can develop in two ways: sporadic or familial. In which the first usually presents as solitary lesions and is associated with a developmental venous anomaly (VAD). And in the familial form, the lesions tend to be multiple and mutate at least one of 3 genes, which increase the predisposition to pathology (CCM1; CCM2 and CCM3). The clinical picture is quite diverse, being able to show from asymptomatic to varied symptoms, depending on its location. Symptoms include headache, seizures and progressive neurological deficits. In addition, the articles also showed that the diagnosis of this disease is made essentially by Nuclear Magnetic Resonance, which presents itself as a “popcorn” pattern and also detects a pathogenic variant in one of the three genes, in cases of familial cavernoma. The treatment of choice is total surgical resection with microsurgical technique, which has shown results such as: improvement (57%), stabilization (33%) or worsening (10%) of symptoms. Another treatment alternative for cavernomas with difficult surgical access is stereotactic radiosurgery, which has lower rates of morbidity and mortality. In addition, studies also discuss the differential diagnosis of these lesions, which mimic cavernous malformations in MRI, including hemorrhagic or calcified neoplasms, especially hemorrhagic metastases such as melanoma and renal cell carcinoma, oligodendrogliomas and plethomorphix neoplasias.

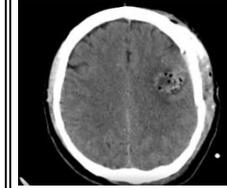


Figura 5: Pós cirúrgico em menos de 24 horas.

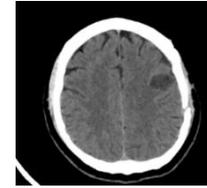


Figura 6: Pós cirúrgico 2 meses após o tratamento.

Conclusions

During our study, it is noticed that stroke is one of the diseases that kills the most, however, it can be avoided, since its main predictive risk factor is easily treatable, chronic SAH, which causes small vessel vasculopathy, or that is, fragmentation, degeneration and rupture, inducing intraparenchymal or subarachnoid hemorrhage