

Diagnose.me Case Report

Case number	[REDACTED]
Created on [DD/MM/YY]	[REDACTED]
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1. Clinical information

Gender	F
Age	[REDACTED]
Body part(s)	Head
Suspected diagnosis	[REDACTED] year old girl limp on her right leg since she started to walk (when she was [REDACTED] old). Flecture of the instep is different. Orthopedist excluded bone asymmetry. Neurologist diagnosed it as "Right-sided spastic hemiparesis CTP".
Additional information	

2. Details of examinations

Modality	Body part	Series/sequences	Date of exam [DD/MM/YYYY]
MRI	[REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]

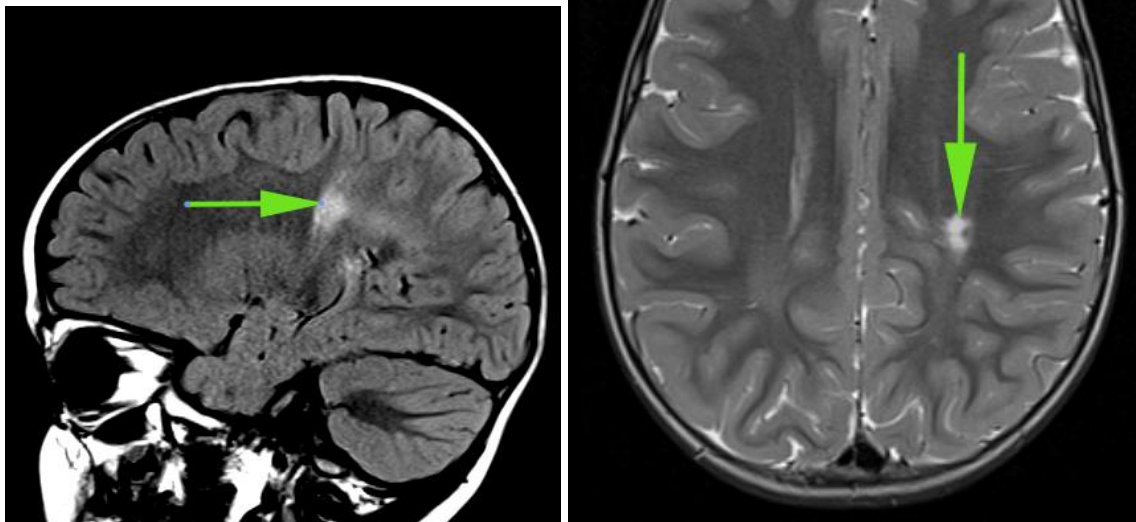
3. Patient's question

What is your opinion on the results of the MRI and diagnosis?
 Daughter does not display any signs of the disease, except that she limps, she is evolving quite normal, she has no speech problems. (Daughter is a lefty - southpaw)

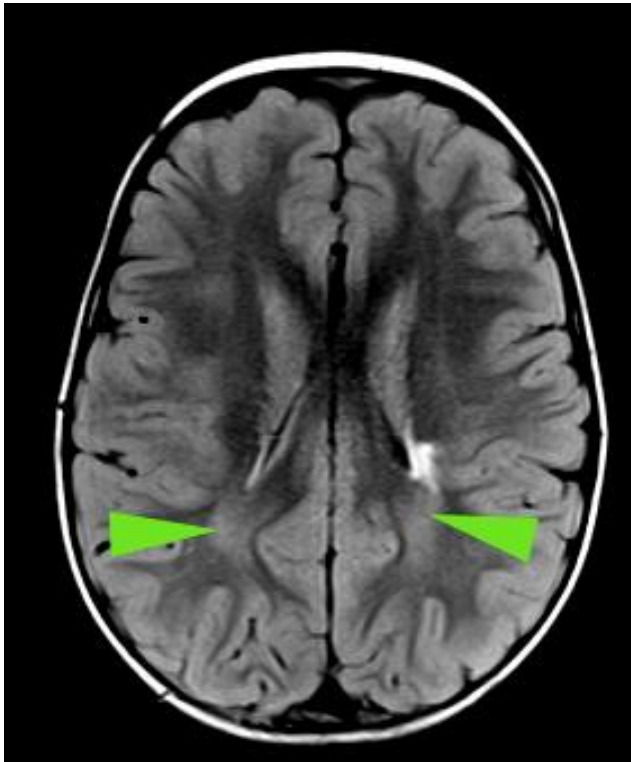
Is it really necessary to perform a lumbar puncture?

4. Description of findings including images

There is a gliotic and focal atrophic focus at the posterior limb of the left internal capsule going upward and downward due to wallerian degeneration, the whole size if 11x11x16 mm.



Diffuse confluent periventricular parietal (peritrigonal) white matter lesions at both sides. There is a mild dilatation of the trigone of the left lateral ventricle:



There are also about 10 small punctate white matter lesions at subcortical regions of the both frontal lobes.

Ventricles are not enlarged and subarachnoid spaces are normal.
Sellar region, pituitary gland, craniovertebral junction are normal.
No other changes noticed.

5. Discussion

Left sided focus of gliosis is typical of sequelae of the perinatal post stroke changes with signs of focal atrophy, bilateral white matter confluent changes are typical for the sequelae of the perinatal ischemic/hypoxic encephalopathy.
Small punctate white matter changes are nonspecific and usually have vascular origin and may be considered also as a part of postischemic/posthypoxic changes.

6. Impression/conclusion

All changes are compatible with the sequelae of the ischemic/hypoxic perinatal encephalopathy: diffuse periventricular as well as focal post stroke left sided gliosis, small white matter punctate foci. These changes are typical and from my point of view they need no differential diagnosis.

7. Advice

Since all changes detected are the consequences of the perinatal insult, not particular medication right now is necessary and the rehabilitation measures are needed: physiotherapy, exercises, psychological rehabilitation.
I see no reasons to suspect here inflammatory or demyelinating disease.