# **Neurosciences Quiz**

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### A young adult with seizure and visual field defect

### **Case Presentation**

A 27-year-old man presented with recurrent episodes of focal motor seizure with secondary generalization. Visual field charting revealed left homonymous hemianopsia. **Figure 1** shows the clinical photograph of face. His cranial CT is shown in **Figure 2**.



Figure 1 - Photograph of face.



**Figure 2 -** Axial CT of brain (non-contrast scan).

### Questions

- 1. What finding is observed in **Figure 1**?
- 2. What does the CT brain (**Figure 2**) show?
  - 3. What is the diagnosis?

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### **Answers**

- 1. Facial examination reveals port-wine stain (**Figure 1**) in the cutaneous distribution of the ophthalmic and maxillary division of the right trigeminal nerve.
- 2. Non-enhanced CT brain shows gyriform calcification in the right parieto-occipital region.
- 3. The presence of facial angioma (port-wine stain), seizure disorder, focal neurological deficit (hemianopsia), and the characteristic gyriform calcification (calcified lepto-meningeal angioma) on brain CT favors the diagnosis of encephalo-trigeminal angiomatosis, eponymously known as Sturge-Weber syndrome.

#### **Discussion**

Sturge-Weber syndrome is a neuro-cutaneous disorder that manifests with seizure, focal neurological deficits including visual field defect and stroke-like episodes, developmental delay, and glaucoma.<sup>1</sup> The intracranial involvement is due to leptomeningeal angioma that is usually unilateral and undergoes calcification resulting in the characteristic gyriform hyperdensity on CT scan. Bilateral intracranial involvement is rarely observed in only 15% of cases.<sup>2</sup> The syndrome is usually sporadic in occurrence. Although the condition is congenital, progressive neurological injury has been attributed to impaired regional blood flow.<sup>3,4</sup> The present patient was started on anticonvulsants and had no recurrence of seizure during the follow-up period of 6 months. In patients with refractory seizures, resective surgery could be considered as an option for optimal seizure control.<sup>2</sup> Low dose aspirin has been suggested for the prevention of stroke-like episodes.<sup>5</sup> The case illustrates the diagnostic importance of extra-neural signs, especially cutaneous signs, in the clinical evaluation of seizure disorders.

### References

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