

DIFFUSION RESTRICTION IN THE FORNIX FOLLOWING ENDOVASCULAR TREATMENT OF AN ANTERIOR COMMUNICATING ARTERY ANEURYSM

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A 70-year-old woman with hypertension, type 2 diabetes, and a left frontal stroke underwent flow-diverter stent treatment for an incidentally detected anterior communicating artery aneurysm. Within 24 hours' post-procedure, she developed anterograde amnesia. A magnetic resonance imaging with diffusion-weighted showed diffusion restriction in both anterior columns of the fornix and corpus callosum with a slight hyperintensity observed on the FLAIR (Fig. 1 A-B). The patient progressively improved, with no symptoms at the three-month follow-up. At the three-month follow-up MRI, a persistent FLAIR

hyperintensity in the anterior fornix and a slight volume reduction were observed, consistent with signs of sequelae infarction. (Fig. 1 C).

Subcallosal artery amnesic syndrome, a rare cause of acute amnesia often linked to surgical or endovascular procedures, deserves consideration in patients with acute anterograde amnesia, where cognitive manifestations may be the only symptom present. Given its rarity and potential for significant cognitive impact, early recognition and appropriate management are crucial.

Figure 1 |

