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## NeuroImages

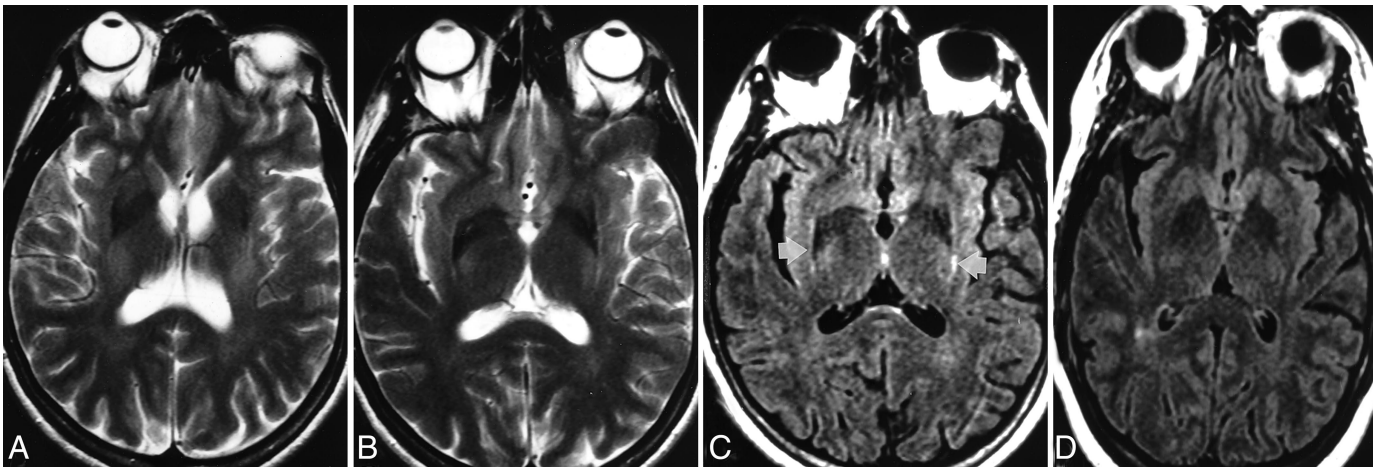


Figure. Axial T2 (A–B) and fluid attenuated inversion recovery (FLAIR) (C–D) MRI, performed as detailed.<sup>2</sup> The patient (A–C) has posterior/lateral putamen hypointensity (iron deposition) (A–B). The patient's FLAIR (C) shows linear lateral putamen hyperintensities (arrows), seen better on FLAIR than on T2 (B). Such hyperintensities are absent on FLAIR from an age-matched, healthy control (D).

### FLAIR MRI of striatonigral degeneration

Sandra A. Block, MD, Rohit Bakshi, MD, Buffalo, NY

A 43-year-old woman had cogwheel rigidity, bradykinesia, bowel/bladder retention, and tongue tremor (levodopa-nonresponsive). Brisk deep tendon reflexes and extensor plantar responses were noted. MRI is shown (figure). SPECT showed striatal hypoperfusion. Multiple system atrophy/striatonigral degeneration (MSA/SND) was diagnosed.

The combination of linear T2 hyperintense putamenal rims and medial putamenal hypointensity suggests MSA/SND.<sup>1</sup> FLAIR uses CSF suppression and strong T2 weight-

ing, producing better lesion/tissue contrast than standard T2 images in the brain.<sup>2</sup> Our case shows the better depiction of hyperintense rims on FLAIR as compared with T2 images in MSA/SND, suggesting that FLAIR is useful in the evaluation of atypical parkinsonism.

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