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Neuro *Images*

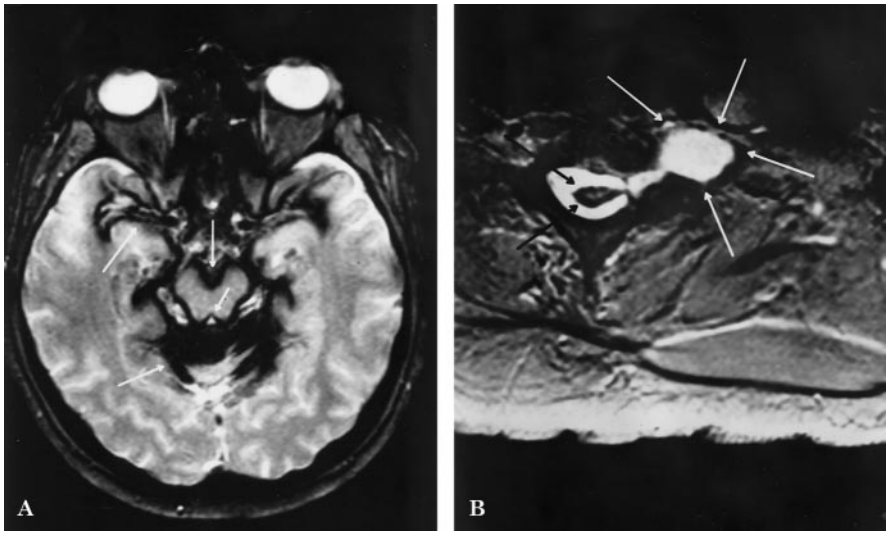

Figure. Gradient echo, T2-weighted scans demonstrating a rim of hypointensity on the surface of superior vermis, brainstem and Sylvian fissures (white arrows) (A). Hypointensity is also seen on the surface of the spinal cord (black arrows), along with a large meningeal diverticulum involving the avulsed left cervical roots (white arrows) (B).

CNS siderosis after brachial plexus avulsion

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A 45-year-old man presented with a 5-year history of progressive sensorineural hearing loss, ataxia, spastic paraparesis, and headaches. At age 21, he had a stretch injury of the left brachial plexus.

MRI with gradient echo, T2-weighted sequences showed a rim of hypointensity coating the cerebellum, brainstem, cranial nerves, cerebral hemispheres, and spinal cord, typical of superficial siderosis of the CNS (figure). In addition, a large meningeal diverticulum was found involving the avulsed left cervical roots.

Superficial siderosis is caused by repeated subarachnoid bleeding and it is very uncommon as a late complication of brachial plexus injury.[1] The T2-weighted hypointensity is produced by the deposition of hemosiderin in the leptomeninges, and subpial tissue of the brain and spinal cord.[2]

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