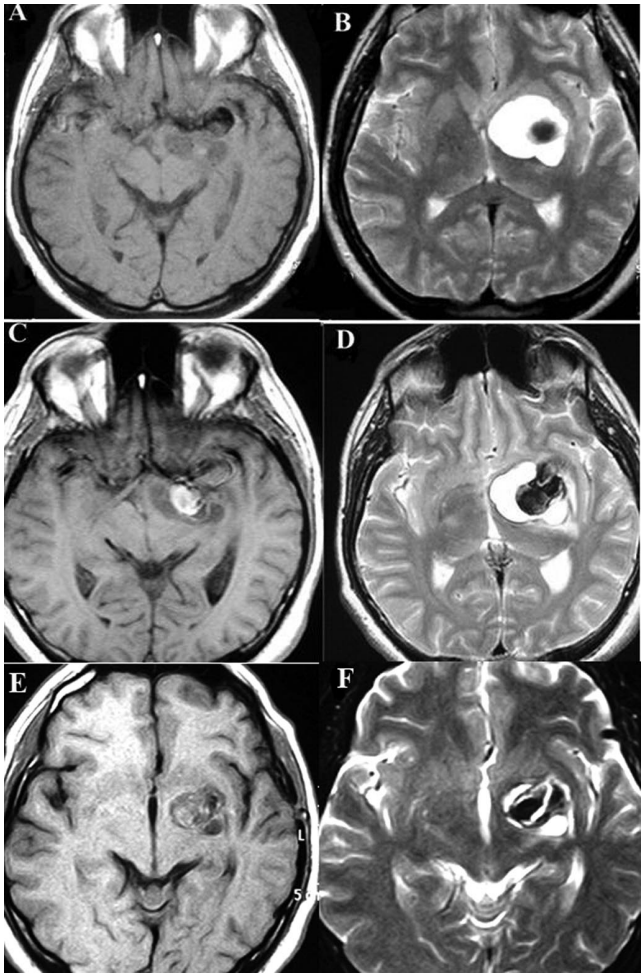

Figure 1. MRI at presentation showing a partially thrombosed middle cerebral artery giant aneurysm compressing the left basal ganglia (A: axial T1WI, B: axial T2WI) and 6 years later (C: axial T1WI, and D: axial T2WI). The second MRI examination (C, D) shows an increase of the size of the aneurysm. Postoperative MRI (E, F) reveals a decrease of the aneurysm volume resulting in less compression of the basal ganglia.

Figure 2. Digital subtraction angiography shows a giant aneurysm of the left middle cerebral artery (arrow).

VIDEO Aneurysm presenting as parkinsonism

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A 25-year-old man presented with a 3-month history of gradually progressive right side hemiparkinsonism. On examination his Unified Parkinson Disease Rating Scale motor score was 12 on the right side. There were no other abnormal neurologic findings. Brain MRI and angiography showed a giant thrombus containing aneurysm of the left middle cerebral artery compressing the left basal ganglia (figures 1 and 2). Initially the patient refused neurosurgical intervention. At follow-up 6 years later his neurologic status remained unchanged (video E-1). The patient underwent surgery in December 2005 and his hemiparkinsonism was almost abolished (video E-2). Secondary parkinsonism resulting from unruptured giant aneurysms is rare. A patient with parkinsonism due to a giant middle cerebral aneurysm which was abolished after surgical excision of the aneurysm has been reported,[1] but there is another case in the literature with asymmetric parkinsonism, due to internal carotid artery aneurysm, which did not improve after internal carotid artery ligation.[2]

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2. Sibon I, Rajabally Y, Tison F. Parkinsonism as a result of a giant aneurysm. Mov Disord 1999;14:159–161.

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Disclosure: The authors report no conflicts of interest.

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Neurology 2006;67;2028
DOI 10.1212/01.wnl.0000232726.76501.09

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