# Teaching NeuroImages: Neuroimaging in hemiplegic migraine

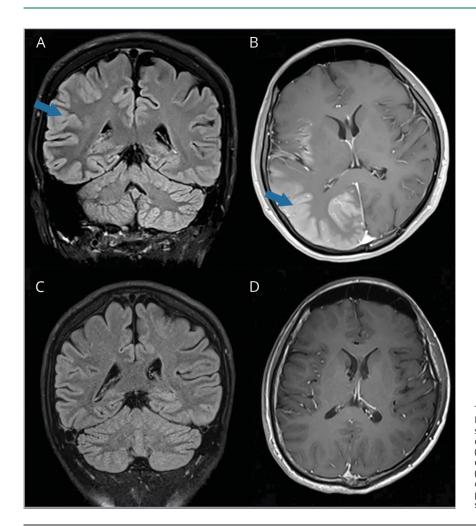
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#### Figure Brain MRI



T2 fluid-attenuated inversion recovery (FLAIR) MRI sequence on coronal plane (A) shows cortical swelling involving the right temporoparietal ocipital regions with subtle high signal intensity (arrow). The cortical swelling exhibits gyriform enhancement on T1 postgadolinium sequence (B). Follow-up MRI on T2 FLAIR sequence on coronal (C) and T1 postgadolinium sequence on axial plane (D) shows complete resolution of cortical swelling and enhancement.

A 31-year-old man with hemiplegic migraine presented with a 2-day history of severe right-sided throbbing headache, photophobia, and vomiting. They were associated with numbness and weakness of the left hand, which spread to his left face and left leg. Brain MRI (figure) revealed cortical swelling involving the right temporoparietal occipital region (A) with subtle high signal intensity, which exhibited gyriform enhancement (B). He recovered 12 days later. Follow-up MRI was normal (C, D). Hemiplegic migraine attacks can manifest from temporary hemiparesis to recurrent coma and prolonged hemiparesis, epilepsy, or mental retardation. I

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MRI abnormalities could only be detected in a few cases depending on the scan timing. Long-lasting migraine aura is not associated with cerebral ischemia as follow-up imaging proves the resolution of cortical changes during the acute attack.<sup>2</sup>

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The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

### **Appendix** Authors

Name	Location	Role	Contribution
Tze Yuan Tee, MRCP (UK)	Department of Medicine, Universiti Kebangsaan Malaysia Medical Centre	Author	Execution, writing of the first draft, review and critique
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