

---

**Neurology Publish Ahead of Print**  
**DOI:10.1212/WNL.0000000000207512**

**Teaching NeuroImage: Unilateral Temporal Lobe Hypoperfusion: A Pathogenic Mechanism in Transient Global Amnesia?**

**Author(s):**

Eva Tallon, BA MBBS MRCPI<sup>1</sup>; Shane Hanratty, MBBS MRCPI<sup>2</sup>; Karl Boyle, MB BCh BAO, MSc (Stroke Med), FRCP Edin<sup>3,4</sup>

**Corresponding Author:**

Karl Boyle, karlboyle@beaumont.ie

**Affiliation Information for All Authors:** 1. Department of Stroke Medicine, Beaumont Hospital, Dublin 9, Ireland; 2. Department of Stroke Medicine, Beaumont Hospital, Dublin 9, Ireland; 3. Department of Stroke Medicine, Beaumont Hospital, Dublin 9, Ireland; 4. RCSI University of Medicine and Health Sciences, Dublin, Ireland

**Equal Author Contribution:**

**Contributions:**

Eva Tallon: Drafting/revision of the manuscript for content, including medical writing for content

Shane Hanratty: Major role in the acquisition of data

Karl Boyle: Major role in the acquisition of data; Study concept or design

**Figure Count:**

1

**Table Count:**

0

**Search Terms:**

[ 14 ] All Clinical Neurology, [ 101 ] Migraine, [ 201 ] Memory, amnesia, hypoperfusion

**Acknowledgment:**

We would like to acknowledge our patient and their family for their participation and interest in this publication.

**Study Funding:**

The authors report no targeted funding.

**Disclosure:**

The authors report no disclosures relevant to the manuscript

**Preprint DOI:****Received Date:**

2022-07-09

**Accepted Date:**

2023-04-25

**Handling Editor Statement:**

Submitted and externally peer reviewed. The handling editor was Resident and Fellow Section Editor Whitley Aamodt, MD, MPH.

A 51-year-old man developed sudden onset anterograde amnesia several hours following a typical migraine attack. He had no medical history or vascular risk factors other than a migraine disorder since early adulthood. There were no deficits in other cognitive domains and no loss of personal identity. Symptoms resolved within 24 hours. CT brain and angiogram during the episode were normal, however CT perfusion imaging (Figure, A) performed three hours after symptom onset revealed an area of focal left temporal hypoperfusion. MRI-brain (Figure, B and C) performed 48 hours later did not show any corresponding areas of ischaemic change or punctate DWI lesions as previously described in 69% of cases with highest sensitivity at 12-24 hours (1). Transient global amnesia is associated with migraine and migraine in turn has an association with vascular pathology (2). This case underlines that transient temporal hypoperfusion may play an important role in the pathogenesis of transient global amnesia.

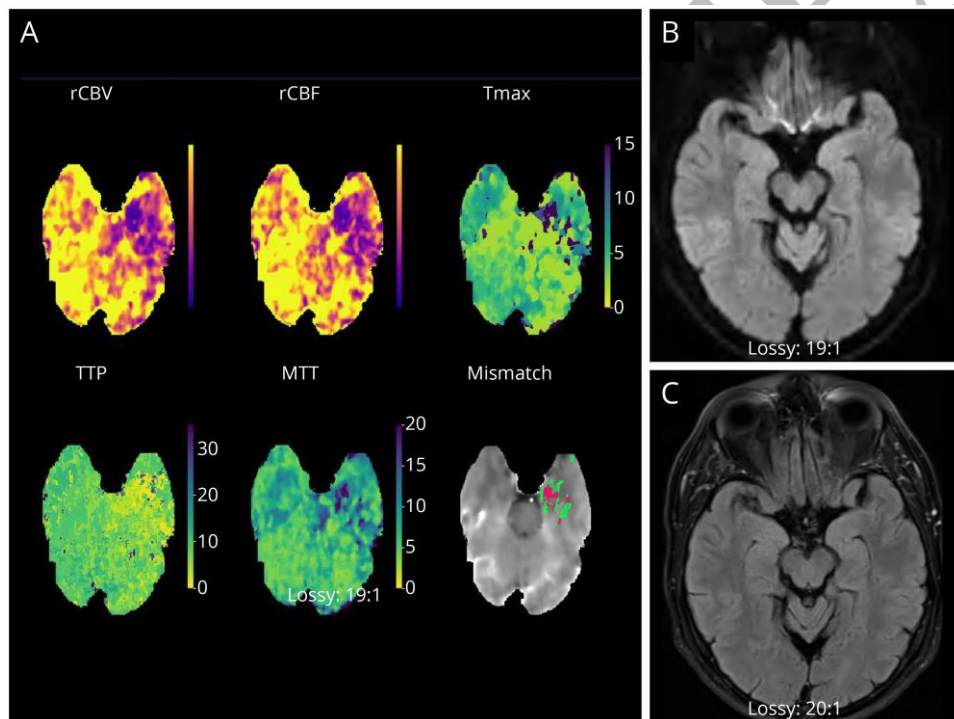
WNL-2023-000339\_slides --- <http://links.lww.com/WNL/C954>

Reference:

1. Szabo K, Hoyer C, Caplan LR, Grassl R, Griebbe M, Ebert A, Platten M, Gass A. Diffusion-weighted MRI in transient global amnesia and its diagnostic implications. *Neurology*. 2020 Jul 14;95(2):e206-e212.
2. Liampas I, Siouras AS, Siokas V, Tsouris Z, Rikos D, Brotis A, Aloizou AM, Dastamani M, Dardiotis E. Migraine in transient global amnesia: a meta-analysis of observational studies. *J Neurol*. 2022 Jan;269(1):184-196. Doi: 10.1007/s00415-020-10363-y. Epub 2021 Jan 2. PMID: 33388926..

Figure CT perfusion and MRI brain:

CT-perfusion 3-hours post symptom onset (A; rCBV/rCBF-relative cerebral blood volume/flow; Tmax-time to maximum; TTP-time to peak; MTT-mean transit time) demonstrating left medial temporal lobe hypoperfusion. Diffusion weighted (B) and T2-FLAIR (C) MRI-brain sequence images at 48-hours post symptom onset demonstrating no evidence of infarct in the medial temporal lobe.



# Neurology<sup>®</sup>

## Teaching NeuroImage: Unilateral Temporal Lobe Hypoperfusion: A Pathogenic Mechanism in Transient Global Amnesia?

Eva Tallon, Shane Hanratty and Karl Boyle

*Neurology* published online July 5, 2023

DOI 10.1212/WNL.0000000000207512

**This information is current as of July 5, 2023**

<b>Updated Information &amp; Services</b>	including high resolution figures, can be found at: <a href="http://n.neurology.org/content/early/2023/07/05/WNL.0000000000207512.citation.full">http://n.neurology.org/content/early/2023/07/05/WNL.0000000000207512.citation.full</a>
<b>Subspecialty Collections</b>	This article, along with others on similar topics, appears in the following collection(s): <b>All Clinical Neurology</b> <a href="http://n.neurology.org/cgi/collection/all_clinical_neurology">http://n.neurology.org/cgi/collection/all_clinical_neurology</a> <b>Memory</b> <a href="http://n.neurology.org/cgi/collection/memory">http://n.neurology.org/cgi/collection/memory</a> <b>Migraine</b> <a href="http://n.neurology.org/cgi/collection/migraine">http://n.neurology.org/cgi/collection/migraine</a>
<b>Permissions &amp; Licensing</b>	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: <a href="http://www.neurology.org/about/about_the_journal#permissions">http://www.neurology.org/about/about_the_journal#permissions</a>
<b>Reprints</b>	Information about ordering reprints can be found online: <a href="http://n.neurology.org/subscribers/advertise">http://n.neurology.org/subscribers/advertise</a>

*Neurology*® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright © 2023 American Academy of Neurology. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

