Functional neuroimaging in Hashimoto's encephalitis: a pathophysiological imaging?

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Hashimoto's encephalitis, a probably misdiagnosed disease, is also known as steroid-responsive encephalopathy associated with autoimmune thyroiditis [1]. We present a 79-year-old female with rapidly progressive dementia, serum values for hypothyroidism and clinical suspicion of the disease. She underwent a ^{99m}Tc -ECD brain perfusion single photon emission computed tomography (SPECT) scan, which showed global and severe hypoperfusion of the whole brain

cortex (*upper row*). Anatomical neuroimaging (CT, MRI) was near-normal, showing only mild age-related cortical atrophy. After 8 months of corticoid therapy, the patient experienced a progressive clinical recovery of superior functions, and a control SPECT scan showed normal brain perfusion (*lower row*). The hypoperfusion pattern found in this patient might have been related to a vasculitic mechanism as has been reported in this kind of encephalopathy [2, 3].

References

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