

## CEREBRAL CAVERNOUS ANGIOMA IMITATING VASCULITIS IN A PATIENT WITH RHEUMATOID ARTHRITIS

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### SUMMARY

**Cerebral cavernous angioma (CCA)** is a vascular disorder of the central nervous system. The incidence in the general population is roughly 0.5%. Clinical symptoms of this disease include recurrent headaches, focal neurological deficits, hemorrhagic stroke, and seizures but CCA can also be asymptomatic. We report a 40-year-old male with proven Rheumatoid arthritis (RA) since 2005. On the sixth month of his treatment with Arava he has a series of seizures. The clinical manifestations of this patient were suggestive of vasculitis. The differential diagnosis between cerebral involvement by other systemic vasculitis, concomitant RA, antiphospholipid syndrome and drug induced side effect of Arava is very important, and with imaging, microsurgery and the biopsy was the main test that allowed the correct diagnosis of CCA.

*Key words: cerebral cavernous angioma, rheumatoid arthritis, vasculitis, , imitating*

### BACKGROUND:

**Cerebral cavernous angioma (CCA)** is a vascular disorder of the central nervous system(2,4). The incidence in the general population is roughly 0.5%. Clinical symptoms of this disease include recurrent headaches, focal neurological deficits, hemorrhagic stroke, and seizures but CCA can also be asymptomatic(3)

### OBJECTIVES:

We report a 40-year-old male with proven Rheumatoid arthritis (RA) since 2005. On the sixth month of his treatment with Arava he has a series of seizures as a result of CCA. This state of the patient made us suspect vasculitis as differential diagnosis.

### METHOD AND RESULTS:

Clinical examination established a symmetric polyarthritis of metacarpophalangeal, proximal interphalangeal, wrists and knees. Neurological status - paresis and meningeal syndrome are not present but there is pathologic nystagmus. Laboratory blood tests revealed anaemia (Hgb 112 g/dl), elevated erythrocyte sedimentation rate (30 mm) and C-reactive protein (112,6 mg/l). Rheumatoid factor positive (145 IU/ml) , antinuclear antibody, anticardiolipin antibodies G,A,M isotypes and anti-neutrophil cytoplasmic antibodies were all negative. Electroencephalogram showed non-specific alterations. **Computed tomography** provided data suspecting micro intracerebral hemorrhagic zone or vessel malformation(fig. 1). **Magnetic resonance imaging established** lobular lesion considered as vessel malformation located in the left insula(fig. 2). Transcortical brain microsurgery with the use of ultrasonograph was performed and total excision of the tumor formation was made. The conclusion of the biopsy was **cerebral cavernous angioma**. The patient's condition improved after surgical intervention(1)

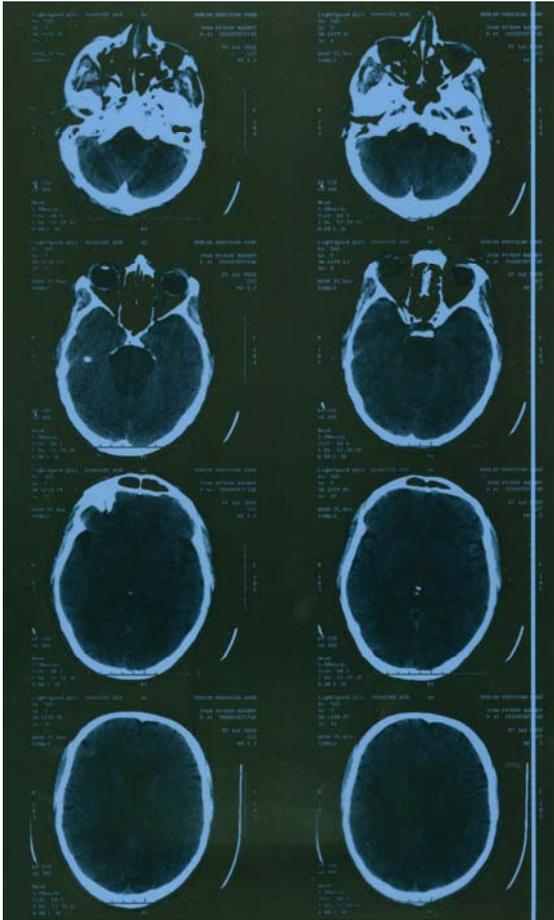


fig. 1



fig. 2

**CONCLUSION:**

The clinical manifestations of this patient were suggestive of vasculitis .The differential diagnosis between cerebral involvement by other systemic vasculitis(7),concomitant RA, antiphospholipid syndrome and drug induced side effect of Arava(6) is very important, and the biopsy was the main test (5) that allowed the correct diagnosis of CCA.

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