# Editorial

'Quahalisation' of neuraxis: Wondrous neuraqua CSF 1  
*Manu Kothari, Atul Goel*  
1

# View and Review

Organization of neurology services in India: Unmet needs and the way forward  
*Mandaville Gourie-Devi*  
4

# Original Articles

Endoscopic management of brain abscesses  
*Yad Ram Yadav, Mallika Sinha, Neha, Vijay Parihar*  
13

Pattern of cerebellar perfusion on single photon emission computed tomography in subcortical hematoma: A clinical and computed tomography correlation  
*Jayantee Kalita, Usha K. Misra, Prasen Ranjan, P. K. Pradhan*  
17

Imaging features in Hirayama disease  
*Hemant A. Sonwalkar, Rakesh S. Shah, Firosh K. Khan, Arun K. Gupta, Narendra K. Bodhey, Surjith Vottath, Sukalyan Purkayastha*  
22

Delayed habituation in Behcet’s disease  
*Sefa Gulturk, Melih Akyol, Hulusi Kececi, Sedat Ozcelik, Ziynet Cinar, Ayse Demirkazik*  
27

Erythrocyte indicators of oxidative changes in patients with graded traumatic head injury  
*Chandrika D. Nayak, Dinesh M. Nayak, Annaswamy Raja, Anjali Rao*  
31

Repeat gamma knife radiosurgery for recurrent or refractory trigeminal neuralgia  
*Liang Wang, Zhen-wei Zhao, Huai-zhou Qin, Wen-tao Li, Hua Zhang, Jian-hai Zong, Jian-Ping Deng, Guo-dong Gao*  
36

Taste dysfunction in vestibular schwannomas  
*Rabi Narayan Sahu, Sanjay Behari, Vimal K. Agarwal, Pramod J. Giri, Vijendra K. Jain*  
42

Surgical management of traumatic intracranial pseudoaneurysms: A report of 12 cases  
*Xiang Wang, Jin-Xiu Chen, Chao You, Min He*  
47

Expression of truncated dystrophin cDNAs mediated by a lentiviral vector  
*Sun Shunchang, Chen Haitao, Chen Weidong, He Jingbo, Peng Yunsheng*  
52

Gamma knife radiosurgery for glomus jugulare tumors: Therapeutic advantages of minimalism in the skull base  
57
### Case Reports

<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subarachnoid hemosiderin deposition after subarachnoid hemorrhage on T2*-weighted MRI correlates with the location of disturbed cerebrospinal fluid flow on computed tomography cisternography</td>
<td>Yoshifumi Horita, Toshio Imaizumi, Yuji Hashimoto, Jun Niwa</td>
<td>62</td>
</tr>
<tr>
<td>Anesthesia management of awake craniotomy performed under asleep-awake-asleep technique using laryngeal mask airway: Report of two cases</td>
<td>Gadhinlajkar Shrinivas Vitthal, Rupa Sreedhar, Mathew Abraham</td>
<td>65</td>
</tr>
<tr>
<td>High cervical C3-4 ‘disc’ compression associated with basilar invagination</td>
<td>Atul Goel</td>
<td>68</td>
</tr>
<tr>
<td>Short-lasting unilateral neuralgiform headache with conjunctival injection and tearing: Response to antiepileptic dual therapy</td>
<td>Ravi Gupta, Manjeet S. Bhatia</td>
<td>71</td>
</tr>
<tr>
<td>Correlation of autism with temporal tubers in tuberous sclerosis complex</td>
<td>Kavitha Kothur, Munni Ray, Prahhjot Malhi</td>
<td>74</td>
</tr>
<tr>
<td>Non-traumatic carotid dissection and stroke associated with anti-phospholipid antibody syndrome: Report of a case and review of the literature</td>
<td>Benzi M. Kluger, Richard L. Hughes, C. Alan Anderson, Kathryn L. Hassell</td>
<td>77</td>
</tr>
<tr>
<td>Osteoma of anterior cranial fossa complicated by intracranial mucocele with emphasis on its radiological diagnosis</td>
<td>Jinhu Ye, Hui Sun, Xin Li, Jianping Dai</td>
<td>79</td>
</tr>
<tr>
<td>Chondromyxoid fibroma of the seventh cervical vertebra</td>
<td>Ashish Jonathan, Vedantam Rajshekhar, Geeta Chacko</td>
<td>84</td>
</tr>
<tr>
<td>Acute progressive midbrain hemorrhage after topical ocular cyclopentolate administration</td>
<td>Tarkan Calisaneler, Ozgur Ozdemir, Erkin Sonmez, Nur Atilnors</td>
<td>88</td>
</tr>
</tbody>
</table>

### Letters to Editor

<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital subtraction angiography laboratory with inbuilt CT (DynaCT): Application during intracranial aneurysm embolization</td>
<td></td>
<td>90</td>
</tr>
<tr>
<td>Concomitant tuberculous and pyogenic cerebellar abscess in a patient with pulmonary tuberculosis</td>
<td></td>
<td>91</td>
</tr>
<tr>
<td>Drug compliance after stroke and myocardial infarction: Is complementary medicine an issue?</td>
<td></td>
<td>93</td>
</tr>
</tbody>
</table>
Multiple intracranial developmental venous anomalies associated with complex orbitofacial vascular malformation

Nitrofurantoin-induced peripheral neuropathy: A lesson to be re-learnt

Posterior longitudinal ligament cyst as a rare cause of lumbosacral radiculopathy with positive straight leg raising test

Aqueductal stenosis caused by an atypical course of a deep collector vein draining bilateral cerebellar developmental venous anomalies

Recovery of increased signal intensity of the cervical cord on magnetic resonance imaging after surgery for spontaneous spinal epidural hematoma causing hemiparesis

Simultaneous thalamic and cerebellar hypertensive hemorrhages

Neuroimages

MRI and MRA in spontaneous intracranial arterial dissection
S. Raghavendra, Sanjeev V. Thomas, Krishnamoorthy Thamburaj, Bejoy Thomas

Shunt catheter migration into pulmonary arteries
Miikka Korja, Matti K. Karvonen, Arto Haapanen, Reijo J. Marttila

Susceptibility weighted imaging in holohemispheric venous angioma with cerebral hemiatrophy
Sivaraman Somasundaram, Chandrasekharan Kesavadas, Bejoy Thomas

Forthcoming Events

Instructions to Authors

Referees List - 2007
Simultaneous thalamic and cerebellar hypertensive hemorrhages

Sir,

Hypertensive intracranial hemorrhages are generally located in defined sites and have a relatively typical pattern of extension. We report an unusual case where there were simultaneous spontaneous thalamic and cerebellar hemorrhages in a patient with known hypertension. Presence of two discrete and unconnected clots is rare in hypertensive bleeds and only isolated cases have been recorded in the literature.\(^1\)

A 60-year-old male, a known hypertensive on irregular drug treatment, was admitted with sudden onset giddiness, left hemiplegia and transient unconsciousness. When admitted, 28 h after the ictus, his blood pressure was 170/100; he was in a drowsy clinical state, obeyed only very simple commands and had dense left-sided spastic hemiplegia. Computerized tomography of the brain demonstrated relatively large intracranial hemorrhages in the right thalamus and left cerebellum [Figures 1A,B]. There was intraventricular extension. The hemorrhages in the thalamus and in the cerebellum were not connected with each other. The cerebellar hematoma was evacuated by a suboccipital craniectomy. The patient was neurologically stable following the operative procedure. However, on second postoperative day he became unconscious and developed tachypnoea. Postoperative scan confirmed evacuation of the cerebellar clot. The patient expired on the fourth postoperative day.

The simultaneous occurrence of intracranial hemorrhages in different arterial territories is a rare clinical entity.\(^2\) Multiple intracranial hemorrhages are rarely associated with cerebral amyloid angiopathy, venous sinus thrombosis, coagulopathy, oral anticoagulant therapy, vasculitis, hemorrhagic transformation of cerebral infarcts and in the presence of multiple intracranial pathologies such as vascular anomalies or tumors.\(^3\) The incidence of multiple hypertensive hematomas has been reported to vary between 1 and 2.8% of spontaneous intracerebral hematomas.\(^1,3,4\) In the reported cases with multiple intracranial hypertensive hemorrhages it appears that the duration of hypertension was relatively more, there was an increased incidence of previous strokes and there was a higher incidence of the presence of hypercholesterolemia.\(^2\) The exact etiogenesis of hypertensive hemorrhage in multiple sites is unclear but could be related to generally known causes of hemorrhage. The sustained hypertension during a cerebral hemorrhage

![Figure 1: (A) Plain CT scan of the brain shows a right thalamic hemorrhage that has ruptured into the third ventricle. (B) In the same scan an additional left cerebellar clot is noted](image)
could trigger another bleeding owing to acute vascular changes in the penetrating arteries, affecting previously injured intima and media layers. The outcome of most of the reported patients with hemorrhage at multiple sites has been poor.

The surgical treatment of these hematomas is determined by the location and size of the hematoma. Although the indication for surgery in cases with putaminal and thalamic hematomas remains controversial, most reviews have suggested an aggressive surgical approach in cases with cerebellar hemorrhage. The need for evacuation of the cerebellar clot in such a situation could be controversial.

Srikant Balasubramaniam,
Trimurti D. Nadkarni, Atul Goel
Department of Neurosurgery, King Edward Memorial Hospital,
Seth G.S. Medical College, Parel, Mumbai - 400 012,
Maharashtra, India. E-mail: tdnadkarni@hotmail.com

References


Accepted on 12-05-2007