Transcend global amnesia following coronary angiography

Sir,

Transient global amnesia (TGA) is a memory disorder, which is characterized by an episode of amnesia and bewilderment lasting for several hours. A few cases have been reported in literature following coronary angiography. In this paper, we present the findings of a case and briefly discuss the various etiologies which are responsible for TGA.

A 32-year-old man was admitted for coronary angiography, having experienced an acute anteroseptal myocardial infarction 5 days earlier. He had a history of diabetes mellitus and was on regular treatment with oral glipizide. He was also receiving atenolol, aspirin, and sorbitrate. There was no past or family history of transient ischemic attack, epilepsy, migraine, or stroke. Physical examination was unremarkable. The electrocardiogram showed a qs pattern in the anteroseptal leads. His left ventricular ejection fraction was 35% on the echocardiogram. He complained of class III angina (Canadian classification) for which coronary angiography was performed. No sedation was used and 15cc of 1% lignocaine was infiltrated in the groin. The left ventriculogram was not performed. His blood pressure and arterial oxygen saturation was 170/90 mmHg and 95%, respectively, and his blood glucose was 153 mg/dl. The coronary angiogram revealed a recanalized left anterior descending artery and the other arteries were normal. A total of approximately 30 ml of omnipaque [Iohexol 350 mg iodine per ml] was used. As the artery had recanalized, no angioplasty was performed.

Three hours later, the patient complained of headache and started retching. He was talking irrelevantly and enquiring about his whereabouts. He had total disorientation in space and time. A neurology opinion was sought which did not reveal any clinical focal deficit. A CT scan of the brain done immediately (without contrast injection) was normal. Nine hours later the patient’s orientation was normal, however, he had retrograde amnesia. He had no recollection about the procedure he had undergone. Electroencephalogram done on the next day was normal. His blood sugar during the episode was 172 mg/dl. He was discharged on the third day without any neurological deficit.

TGA is the name applied by Fisher to a particular type of memory disorder, which is characterized by amnesia and memory disorder lasting for several hours. Transient dysfunction of the medial temporal lobe and the
An unusual lipomatous hemangiopericytoma

Sir,

Lipomatous hemangiopericytoma is a very rare variant of hemangiopericytoma, which behaves in a benign fashion. It occurs in the lower extremity, thigh, and pelvic fossa. Histologically, these are characterized by an admixture of benign hemangiopericytomatous areas with mature adipose tissue. To date, very few cases have been reported in literature. We report a case of this unusual, rare tumor in this paper.

A 39-year-old man came with a history of breathlessness since 1 year. A CT scan revealed a well-circumscribed heterogeneous mass containing fat located in the anterior mediastinum. The mass was surgically excised. On examination, it was well-circumscribed, measuring 6.5 × 4.5 × 4 cm; the cut section was solid and whitish with intermixed yellowish fatty areas. On histology, the tumor showed diffuse sheets of cells with distinct pericytic vascular pattern (Figure 1). There were multiple branching anastomosing small and large vascular channels, giving a stag-horn appearance. Large areas of mature adipose tissue were seen interspersed in between (Figure 2). Tumor cells were plump polygonal with bland nuclear features. No spindle cells were seen. On immunohistochemistry (IHC) CD34 (monoclonal, Dako) was negative. Considering the histomorphological features, a diagnosis of lipomatous hemangiopericytoma was made. The patient has been free of any recurrences or metastasis for over a year.

Stout and Murray in 1942 introduced the term “hemangiopericytoma” for tumors that were composed mainly of pericytes. The diagnosis of hemangiopericytoma is based on the branching architectural pattern of small and large vessels. They occur during adult life, the common sites being thigh, pelvic fossa, and retroperitoneum. There are histomorphological similarities between hemangiopericytoma and solitary fibrous tumor (SFT). SFT occurs in the pleura.