



Bilateral basal ganglia hemorrhagic necrosis due to methanol toxicity

Kayvan RAZMJOO, Rozita H.B. NAEENI and Shahriar NAFISSI
Tehran University of Medical Sciences, Tehran, Iran

This 36 year old alcohol-dependent man drank an unknown amount of methanol by mistake, realized the mistake and started drinking ethanol after a few minutes as an antidote. He was admitted to the hospital 24 hours later with bilateral visual loss. He was treated with ethanol and hemodialysis and discharged from the hospital 5 days later with only severe bilateral visual loss and an otherwise normal neurological examination.

Five days later, he suddenly collapsed in his bathroom and was found unconscious and quadriparetic. On admission, non-enhanced brain CT-scan was

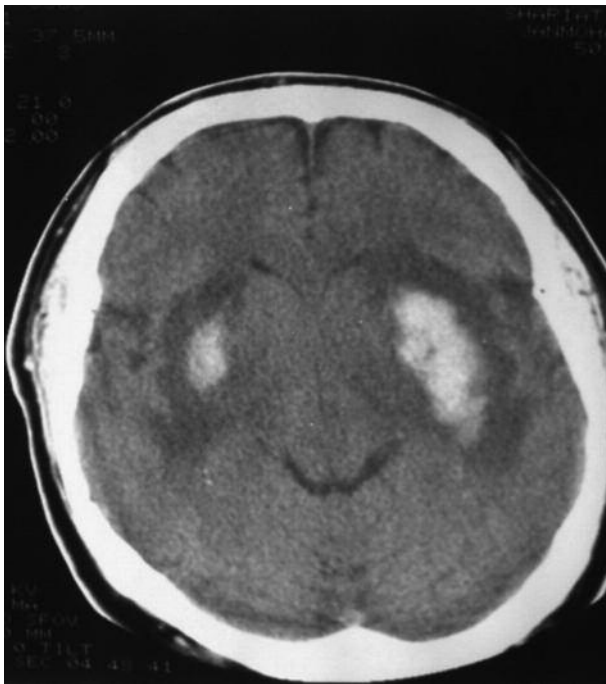


FIG. A. — Brain CT scan without contrast in first hours after his sudden attack of unconsciousness, shows bilateral basal ganglia hemorrhagic necrosis.

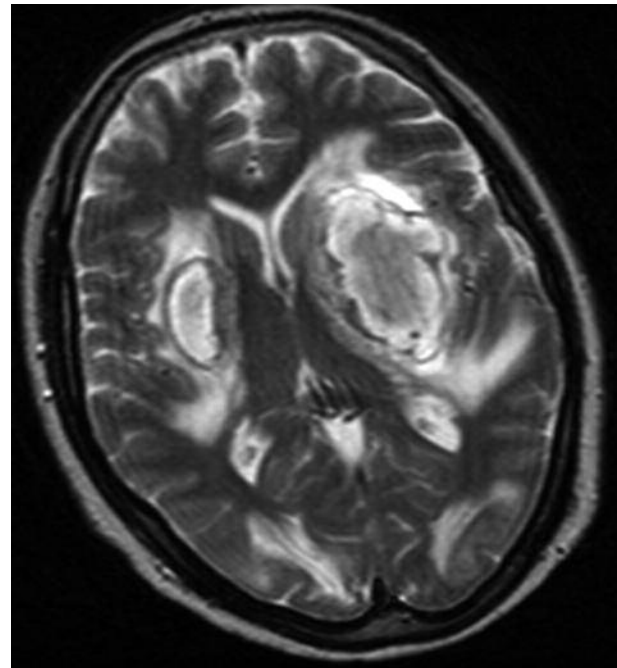


FIG. B. — T2-weighted Brain MRI, 7 days after the attack, shows subacute hemorrhagic necrosis in bilateral Basal ganglia, and abnormal high signal intensity in occipital areas.

performed while brain MRI was done 7 days later (Fig. A, B). As described in the literature (1, 2), CT-scan (Fig. A) only showed bilateral basal ganglia hemorrhagic necrosis with surrounding edema, but MRI showed additional lesions in the occipital areas. The patient gradually regained consciousness but remained aphasic.

Follow-up examination after 6 months showed partial improvement in aphasia and weakness but no change in visual acuity with bilaterally pale optic discs and unresponsive pupils. Repeated brain CT scan showed bilateral putaminal necrosis but no edema or hemorrhage.

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Shahriar Nafissi, M.D.,
Associate professor of Neurology,
Tehran University of Medical Sciences,
Shariati Hospital, North Karegar Street,
Tehran 14114 (Iran).
E-mail: nafisi@sina.tums.ac.ir