

Susac's Syndrome

Symptoms and Other Abnormalities Associated with Susac's Syndrome

Because Susac's Syndrome is due to injury to the microvasculature in the brain, retina, and inner ear, it causes the following categories of symptoms:

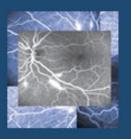
- Brain Symptoms----Cognitive dysfunction and other neurologic symptoms
- Eye Symptoms----Visual disturbance
- Inner Ear Symptoms----Hearing loss, Vertigo, Tinnitus



Brain Sympto	oms can	inc	lude:
		-	1

- Headache
 - \circ $\,$ often with vomiting,
 - o often migraine-like
 - Memory loss
- Confusion
- Disorientation
- Disorganized thought
- Poor awareness of surroundings
- Compromised insight into one's own problems/illness
- Slowed thought processing
- Impaired reasoning
- Impaired judgment
- Impaired executive function
- Less alert, mentally
- Lethargy
- Apathy, vagueness
- Drowsiness, excessive sleeping
- Obtundation/Unresponsiveness (rarely)
- Difficulty with focusing, concentrating, maintaining attention
- Difficulty with arithmetic
- Difficulty finding, recognizing, or speaking words
- Decreased verbal fluency
- Incoherent speech
- Dysarthria (slurred speech)
- Personality change
- Compromised ability to express emotions
- Emotional lability (widely swinging emotions)

- Psychiatric disturbance
 - Fluctuating depression
 - Mood disturbance
 - Agitation
 - Severe anxiety
 - Aggressive behavior
 - Confabulation
 - Acute psychosis
 - Delusions, hallucinations, paranoia
 - o Withdrawn, irritable
 - Disinhibition, inappropriate gestures
 - \circ Perseveration
 - Poor cooperation
- Loss of balance (ataxia)
- Weakness in arm, leg (motor hemiparesis)
- Numbness in arm, leg, face, tongue, lip (sensory hemiparesis)
- Incontinence, neurogenic bladder
- Pseudobulbar affect and speech
- Frontal lobe syndrome
- Seizures



Susac's Syndrome

Eye Symptoms

- "Dark spot," "black spot," "pink spot," or "shadow" in one part of visual field, such that the patient "can't see anything" in that spot. (This is called a "scotoma.") Other less specific symptoms due to the same thing might be expressed as:
 - Visual blurring
 - Obscured vision
 - Visual disturbance
 - "Flashing lights"

- Loss of peripheral vision (constriction of visual fields)
- Diplopia (double vision)---rare
- Inverted vision---very rare

Inner Ear Symptoms					
•	Hearing loss"	•	Vertigo ("whirling" dizziness)	•	Tinnitus (ringing in the ears)

Neurologic Abnormalities upon Physical Examination The neurologic exam is often normal. But, the following can occur:

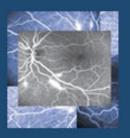
- Ataxia (loss of balance)
- Impaired tandem gait
- Motor hemiparesis
- Sensory hemiparesis
- Hyperactive tendon reflexes
- Spasticity

- Extensor plantar responses (+ Babinski)
- Dysmetria
- Dysdiadochokinesia
- Apraxia
- Frontal lobe findings---grasp reflex
- Pseudobulbar affect
- Sphincter deficit

Ophthalmologic Abnormalities

- Fundoscopic abnormalities:
 - o "Cotton wool" spots
 - o Arterial narrowing
 - Perivascular sheathing
 - o "Silver streaks"
 - "Pearls," "string of pearls"
 - o Gass plaques
 - Residual ischemic retinal changes
 - Optic disc pallor
- Visual field testing:
 - o Visual field deficit
- OCT (Ocular Coherence Tomography):
 - Thinning of the nerve fiber layer

- Fluorescein Angiography abnormalities:
 - Branch retinal artery occlusion
 - "Leakage" and vessel wall hyperfluoresence ("staining")
 - Peripheral shunting/collateral formation/artery-to-artery anastomosis
 - Capillary "drop-out."
 - Neovascularization
- Visual acuity is usually normal.
- Other:
 - Nystagmus
 - o Gaze palsy



Susac's Syndrome

MRI Abnormalities

- Abnormalities in the <u>Corpus Callosum</u>:
 "Snowballs"
 - Linear defects ("Spokes")
 - o "Holes"

These corpus callosal abnormalities are primarily located in the <u>central portion</u> of the corpus callosum, as opposed to the under-surface of the corpus callosum.

Callosal atrophy commonly occurs.

- <u>Other white matter</u> lesions, in the following locations:
 - Periventricular
 - Centrum semiovale
 - Subcortical white matter
 - Cerebellum
 - Middle Cerebellar peduncles
 - Brain stem
 - Gray matter lesions:
 - Cortex
 - Deep Gray matter lesions
 - Thalamus
 - Basal ganglia
 - Leptomeningeal enhancement

	CSF Findings		Audiological Evaluation
• • •	Elevated CSF protein Pleocytosis (elevated WBC)mild Oligoclonal bands are usually absent; rarely present Myelin basic protein level can be elevated	•	 Sensorineural hearing loss: Typically at low frequencies, or low-mid frequencies Sometimes at all frequencies Sometimes at low and high frequencies Rarely at high frequencies only Poor speech discrimination