



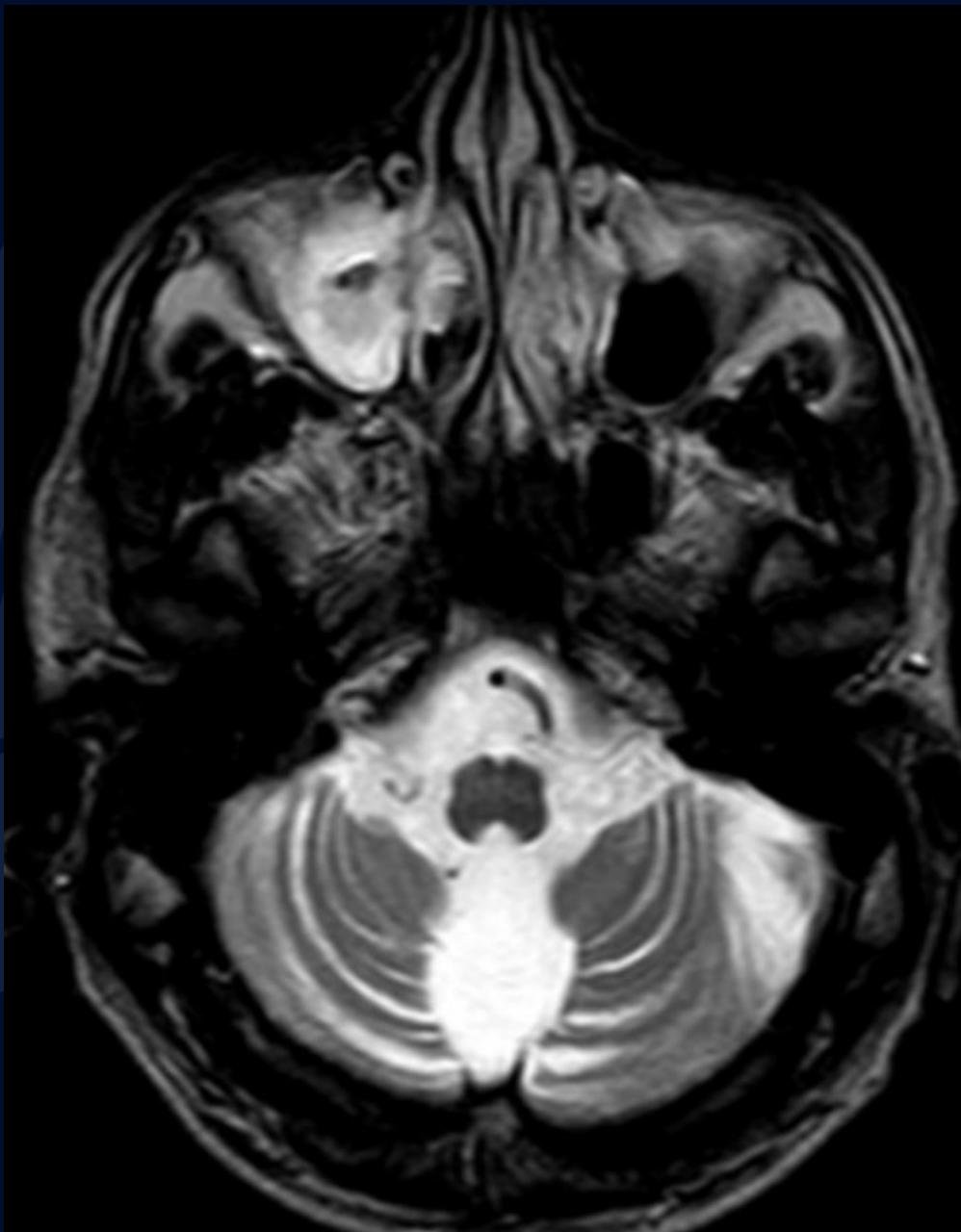
56-year-old man with a history of treatment resistant Parkinson's Disease

Seamus Rafferty, MS3

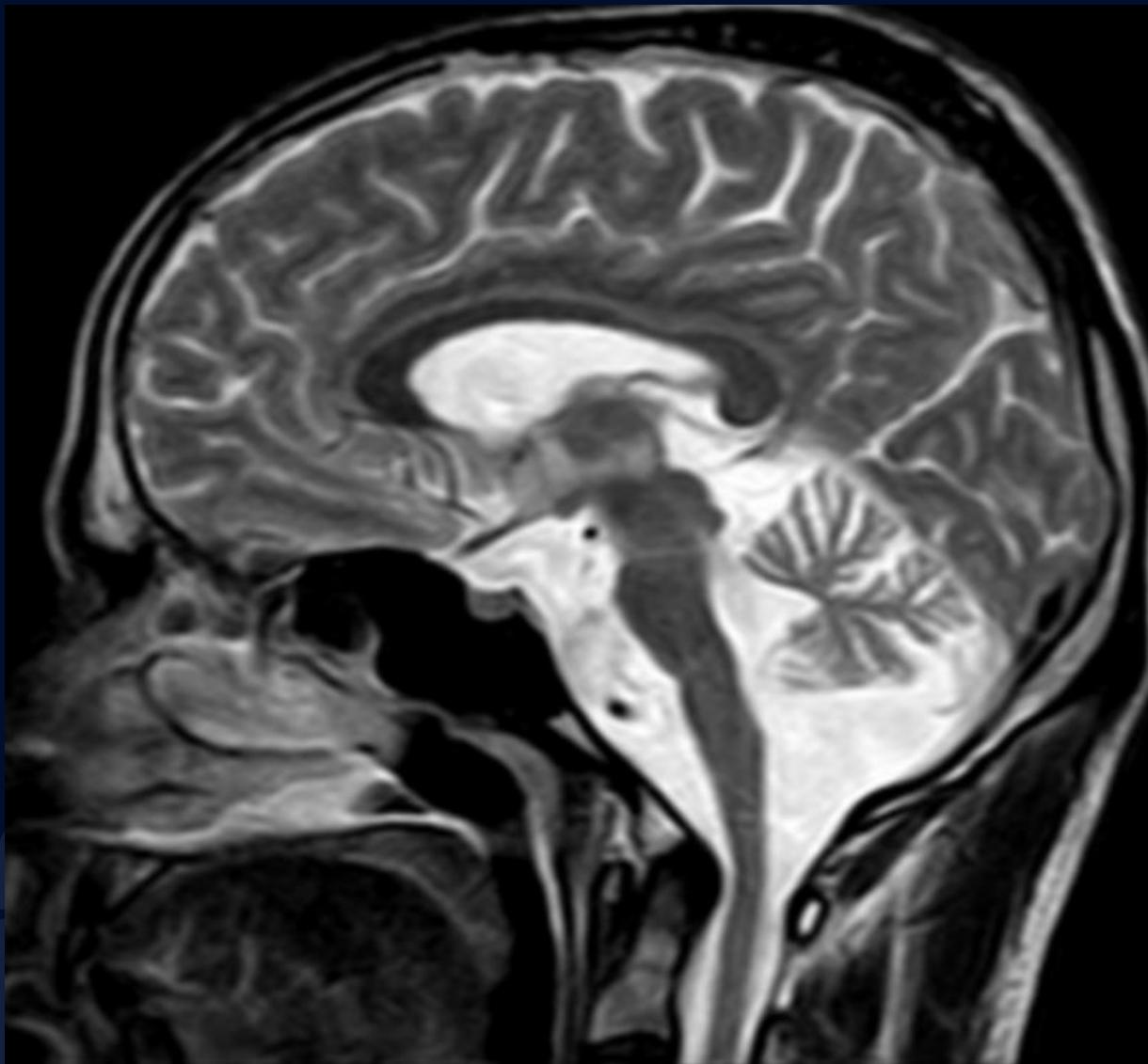
T2 Axial



T2 Axial



T2 Axial





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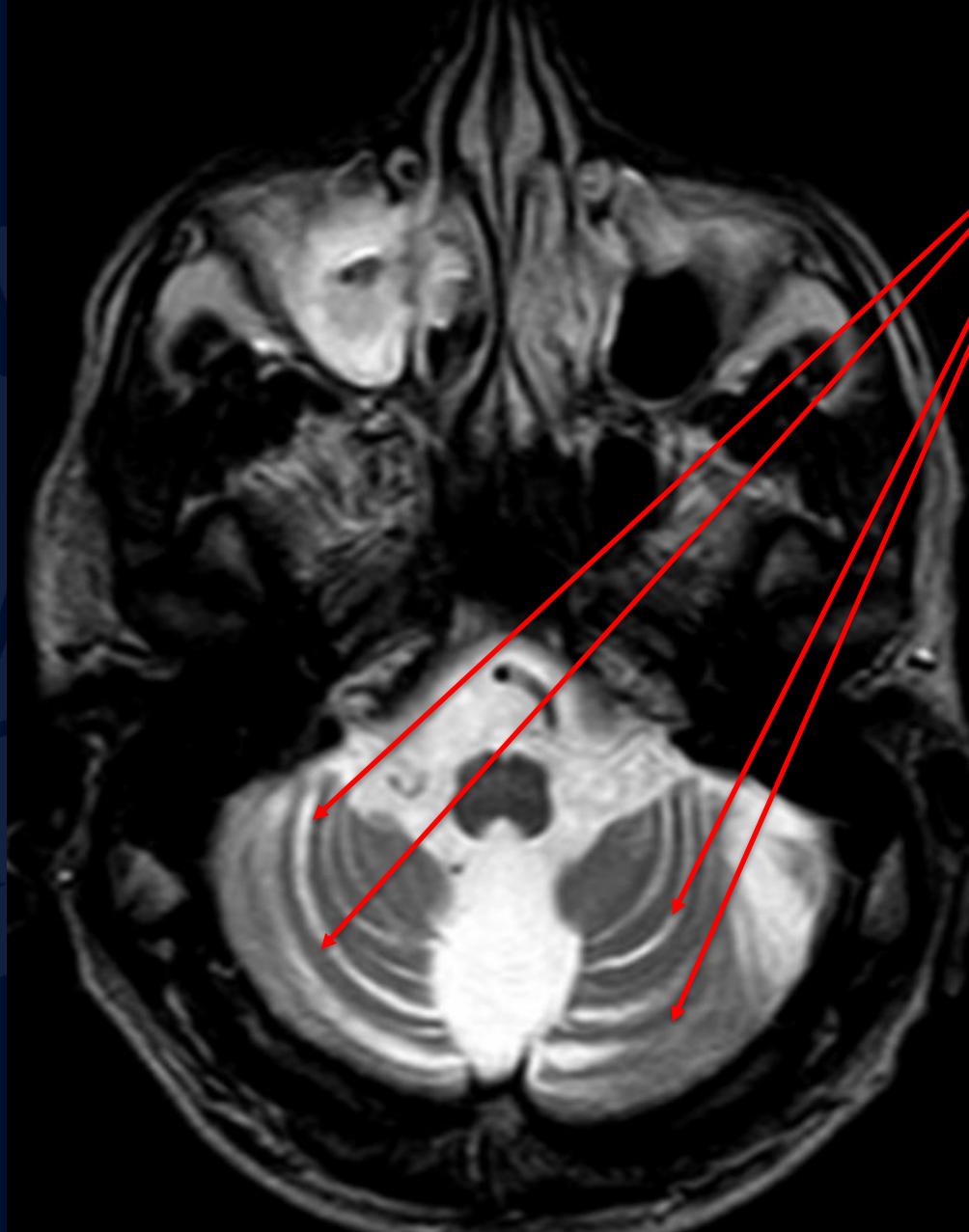
Multiple System Atrophy (MSA)

T2 Axial

“Hot cross bun sign”
+ sign shaped
T2 hyperintensity



T2 Axial



Prominent
cerebellar folia

T2 Axial



Diffuse
cerebellar
atrophy

Multiple System Atrophy

- Progressive neurodegenerative disease classically presenting with varying combinations of autonomic failure, parkinsonianism, and cerebellar syndrome
- Mean age of onset 55-60 years; prevalence: 4 per 100,000
- Average survival from onset of motor symptoms 8-9 years
- Can be difficult to distinguish from other disorders, particularly in the early stages. DDx:
 - Pure autonomic failure (PAF)
 - Parkinson's Disease
 - Any adult-onset ataxia: alcohol, lead, vitamin E deficiency, spinocerebellar ataxias, fragile-X, late-onset Friedreich ataxia
- Treatment: symptom targeted medical and behavioral modifications / palliative care

MSA Imaging Findings

- To meet the definition of “clinically established” MSA-p at least one of the following MRI markers is required:
 - Atrophy of:
 - Putamen
 - Middle cerebellar peduncle
 - Pons
 - Cerebellum
 - “Hot cross bun” sign
 - Increased diffusivity of:
 - Putamen
 - Middle cerebellar peduncle

References

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- Palma JA, Norcliffe-Kaufmann L, Kaufmann H. Diagnosis of multiple system atrophy. Auton Neurosci. 2018 May;211:15-25. doi: 10.1016/j.autneu.2017.10.007. Epub 2017 Oct 23. PMID: 29111419; PMCID: PMC5869112.
- https://radiopaedia.org/cases/5465/studies/7194?lang=us&source_of=https%3A%2F%2Fradiopaedia.org%2Farticles%2Fmultiple-system-atrophy%3Flang%3Dus