Capillary Telangiectasia in the Left Frontal Lobe: A Case Report

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Disclosure

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Introduction

- Cerebral capillary telangiectasias are vascular malformations consisting of dilated capillaries separated by normal brain parenchyma with a clear predilection for the pons.

- Their prevalence is 0.4% in population-based autopsy and radiographic series.

- They are usually discovered incidentally on contrast-enhanced magnetic resonance imaging as an enhancing lesion.
Presentation:

- We describe a case of a 37-year-old male with a cerebral capillary telangiectasia in the left frontal lobe which had an initial presentation of dizziness and vertigo.

- The patient presented to the hospital with a 1-month history of recurrent episodes of vertigo and dizziness lasting 1-2 seconds from 5-6 times every day with no other symptoms or physical exam findings.
A diagnostic cerebral angiography revealed an abnormal dilation of the left Trolard vein with plexiform afferences in late arterial time, suggestive of a capillary telangiectasia.
Treatment

• Surgical management was not considered due to the low risk of progression or hemorrhage and conservative treatment for vertigo was given.
Imaging

Figure 1. The lesion is isointense to the gray matter on pre-contrast T1 weighted MRI.

Figure 2. Following the administration of gadolinium the lesion enhances on the T1-weighted MRI.
Figures 3 and 4. Cerebral Angiography showing an abnormal dilation of the left Trolard vein with plexiform afferences in late arterial time.
CCT’s can be identified in the late arterial/early capillary phase, as a slight blush with an associated venous channel.

It is of paramount importance to analyze in detail angiographic times to define a telangiectasia versus a venous angioma.

The location in the frontal lobe is extremely low, in a series of 18 capillary telangiectasias only two were found outside the brainstem.
Conclusions

- Cerebral capillary telangiectasias are a clinical benign entity and an accurate diagnosis of this lesions is extremely important.

- Lesions in which symptoms persist may be candidates for surgical intervention if they are located in a non-eloquent area.