

Sneddon's syndrome

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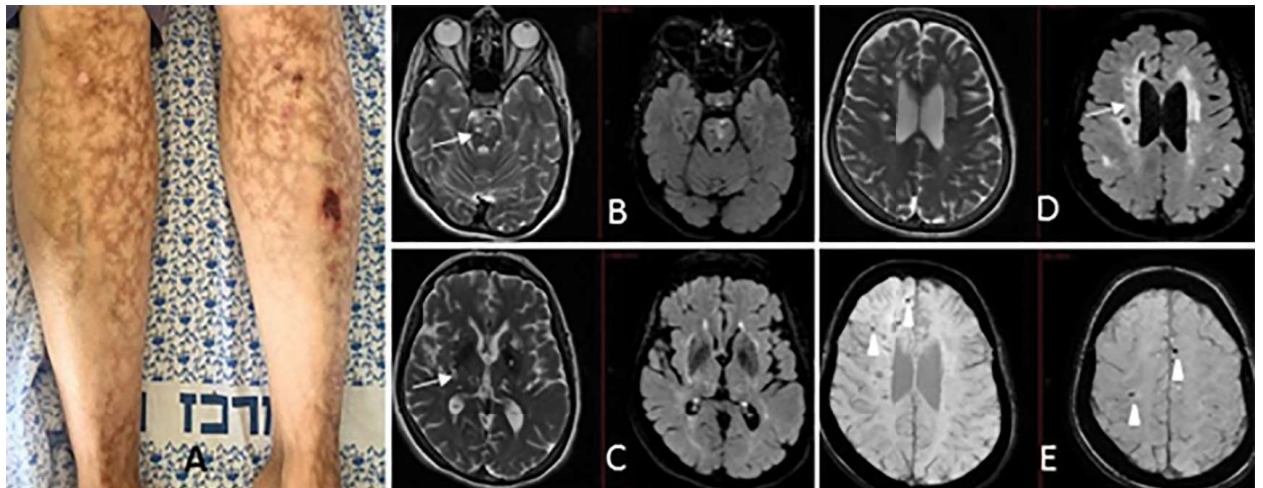
A previously healthy 52-year-old female underwent investigation for progressive weakness, fatigue, and unstable walking. Positive findings on her physical examination included irregular coarse reticular rash over both legs, compatible with livedo racemosa [Figure 1A], minimal signs of left hemiparesis, and mildly impaired cerebellar tests. Laboratory workup was remarkable for positive antinuclear antibodies and anti-SSA autoantibodies only. The anticardiolipin profile was negative. Analysis of cerebrospinal fluid was normal. Magnetic resonance imaging of the brain demonstrated multiple infarcts (T2

and FLAIR sequences, arrows) in the pons [Figure 1B], basal ganglia [Figure 1C], and white matter [Figure 1D] of both hemispheres, as well as multiple tiny hemosiderin deposits compatible with cerebral microbleeds (SWI sequence, arrowheads) [Figure 1E]. Echocardiographic examination was normal. Sneddon's syndrome, defined as a combination of livedo racemosa and cerebrovascular disease, and is usually a manifestation of antiphospholipid syndrome or systemic autoimmune disease, was diagnosed.

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Figure 1. Livedo racemosa [A] and MRI, featuring a cerebrovascular disease [B-E], in a patient with Sneddon's syndrome



Genius is the ability to put into effect what is on your mind.

F. Scott Fitzgerald (1896–1940), American fiction writer whose works helped to illustrate the flamboyance and excess of the Jazz Age

I feel fairly certain that my hatred harms me more than the people whom I hate.

Max Frisch (1911–1991), architect, playwright, and novelist