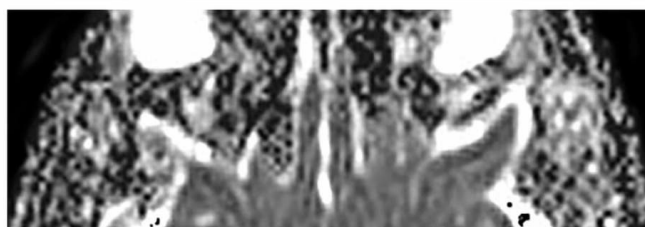
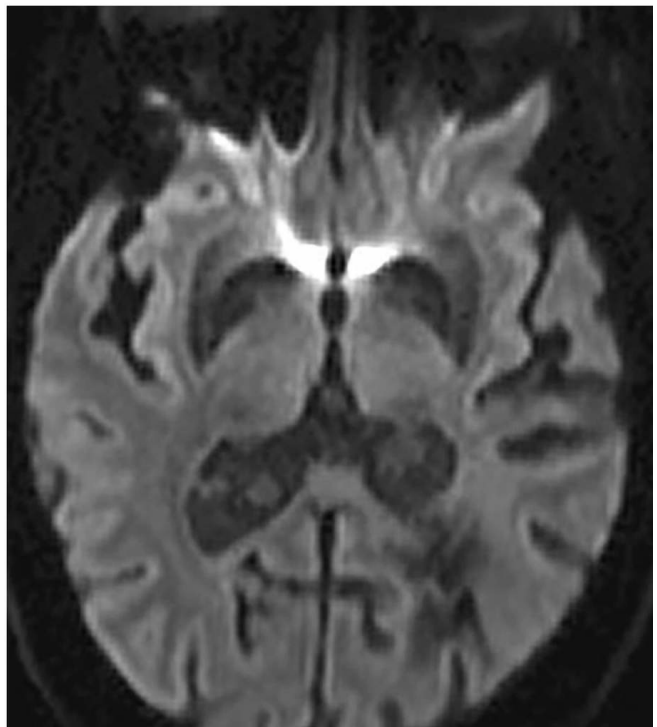
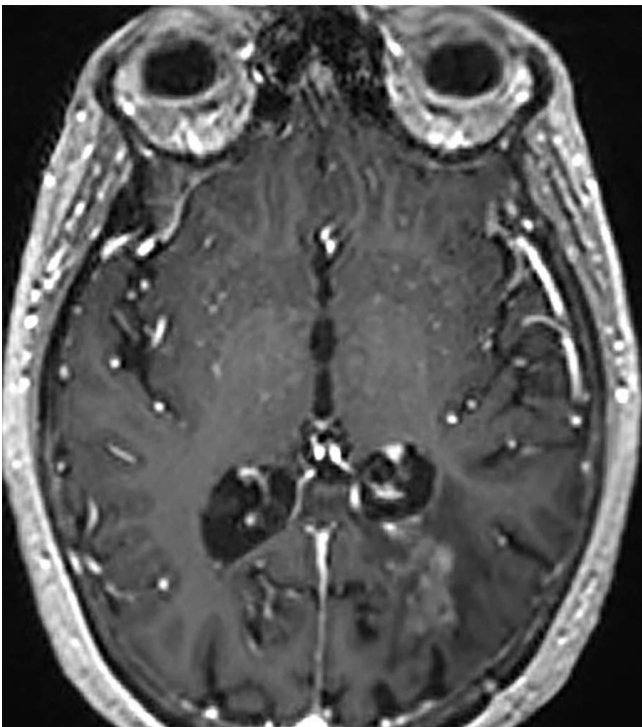
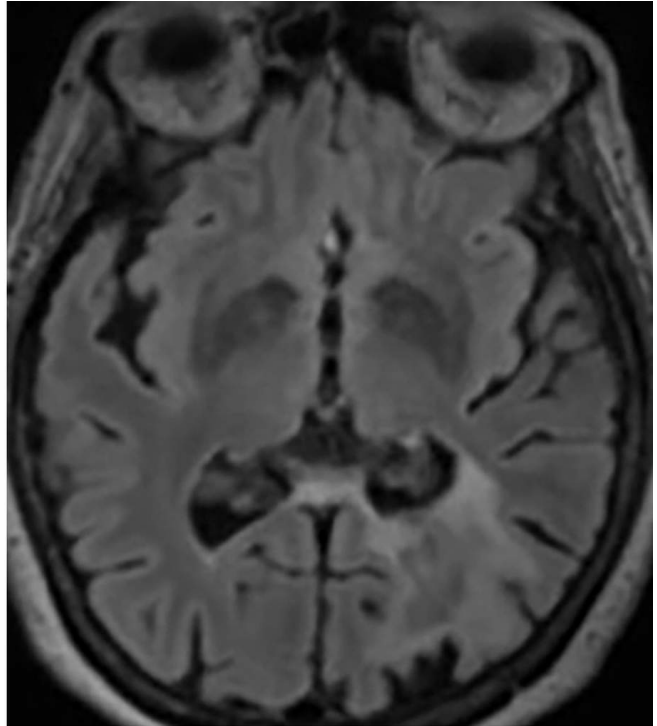
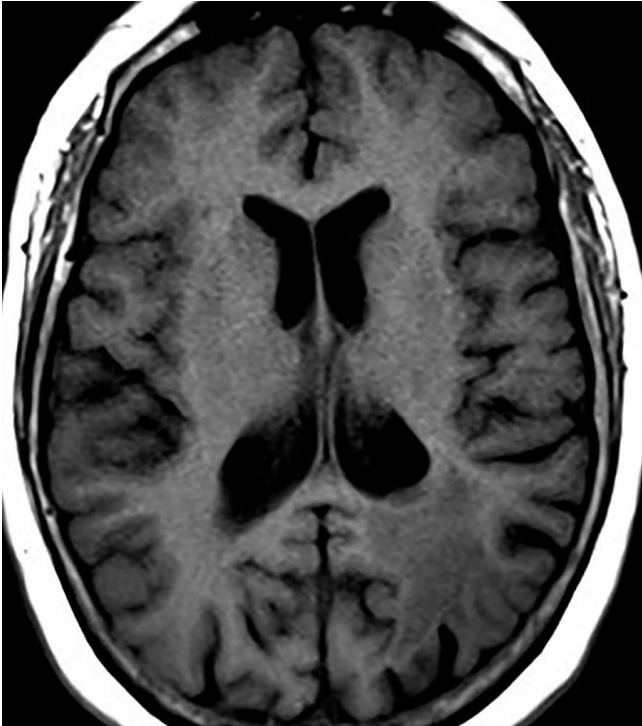
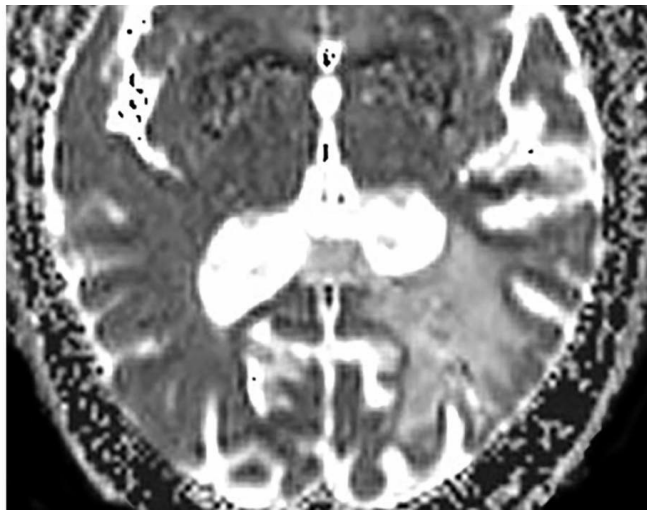




# Cerebral Amyloid Angiopathy/Amyloidoma

*Last Updated: July 1, 2021*





**Figure 1:** T1-hypointense (top left) and FLAIR-hyperintense (top right) signal within the left parietal white matter radiating medially to the ventricular wall with irregular, somewhat serpiginous enhancement (middle left). (Middle Right and Bottom) No reduction in diffusivity on DWI/ADC images can be seen.

## Description

- Cerebrovascular disorder characterized by the deposition of amyloid protein in the media and adventitia of small- and medium-sized vessels of the cerebral cortex, subcortical white matter, and leptomeninges

## Pathology

- Unclear
- Thought to be related to a benign clonal proliferation of plasma cells
- Three varieties
  - Cerebral amyloid angiopathy, amyloidoma, rare inflammatory subtype

## Clinical Features

- Symptoms
  - Seizures, headache, focal motor signs, and cognitive decline
- Age
  - Angiopathy fairly common in the elderly population

- Amyloidoma found in younger patients; mean age, 48 years
- Gender
  - Slightly more common in women (8:5 female/male)
- Associations
  - 40% of patients with cerebral amyloid angiopathy have Alzheimer disease

## Imaging

- General
  - Focal nonhemorrhagic masses
  - Mass effect is generally minimal/mild
  - Might show moderate/striking enhancement
  - Often extends medially to lateral ventricular wall with fine radial enhancing margins
  - Radiating pattern from the ventricular wall can help with the diagnosis
- Modality specific
  - CT
    - Hyperdense, enhances
  - MRI
    - T1
      - Variable appearance
    - T2
      - Heterogeneous, although more commonly hyperintense
    - Contrast
      - Variable
- Mimic
  - Classic amyloid angiopathy can mimic treated or hemorrhagic [metastases](#). The less common amyloidoma can mimic a neoplasm with or without hemorrhage. The radiating pattern from the ventricular wall, when present, can help in differentiating, although this is a fairly nonspecific finding

For more information, please see the corresponding chapter in [Radiopaedia](#).

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