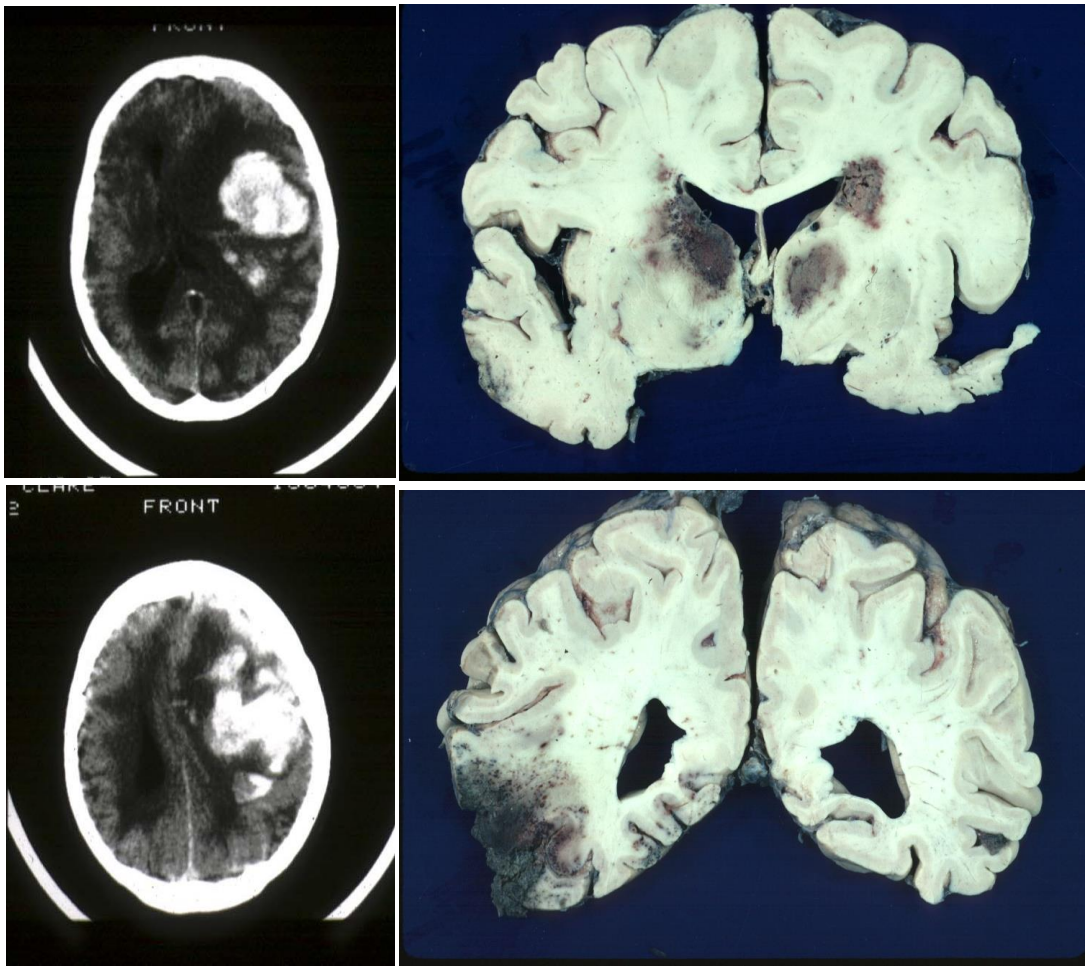
Cerebral Amyloid Angiopathies (CAA)



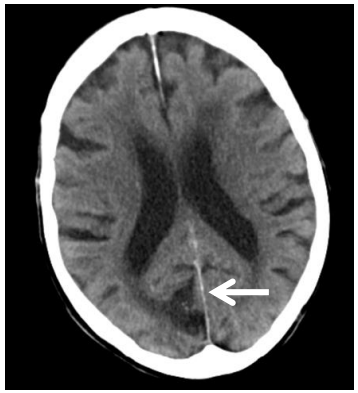
CAA related strokes

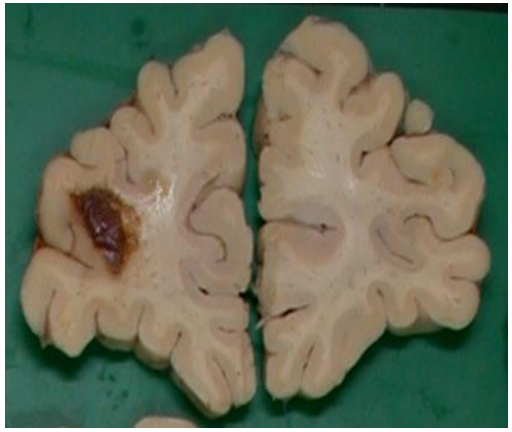
- **Usual vascular risks**

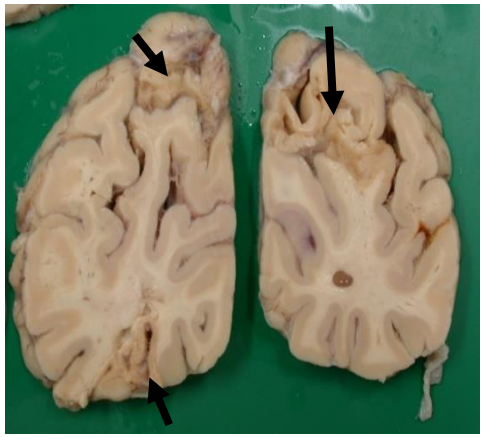
(↑ BP, lipids, HD risk)

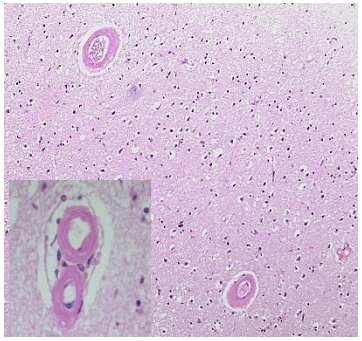
- **Cognitive impairment**
- **Cerebral Haemorrhages**
- **Small vessel disease**
- **Microinfarcts**
- **WMLs**
- **Atrophy**
- **ε4 allele carriers**

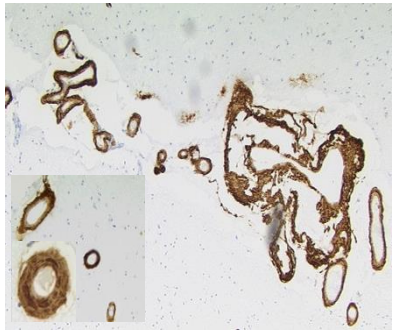
Typical case of 92 year old woman: Main neuropathological findings

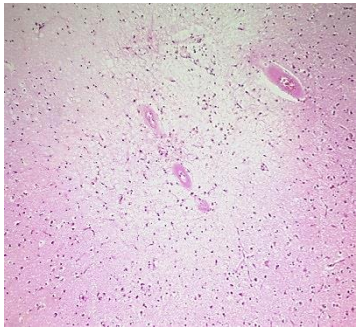












- **Confusion, bilateral weakness, TIAs**
  - **CT- infarction in the rt posterior parieto-occipital region**
  - **Few macro- cortical infarcts**
  - **Lobar haemorrhage**
  - **Numerous microinfarcts**
  - **Severe CAA**
  - **Other findings:**

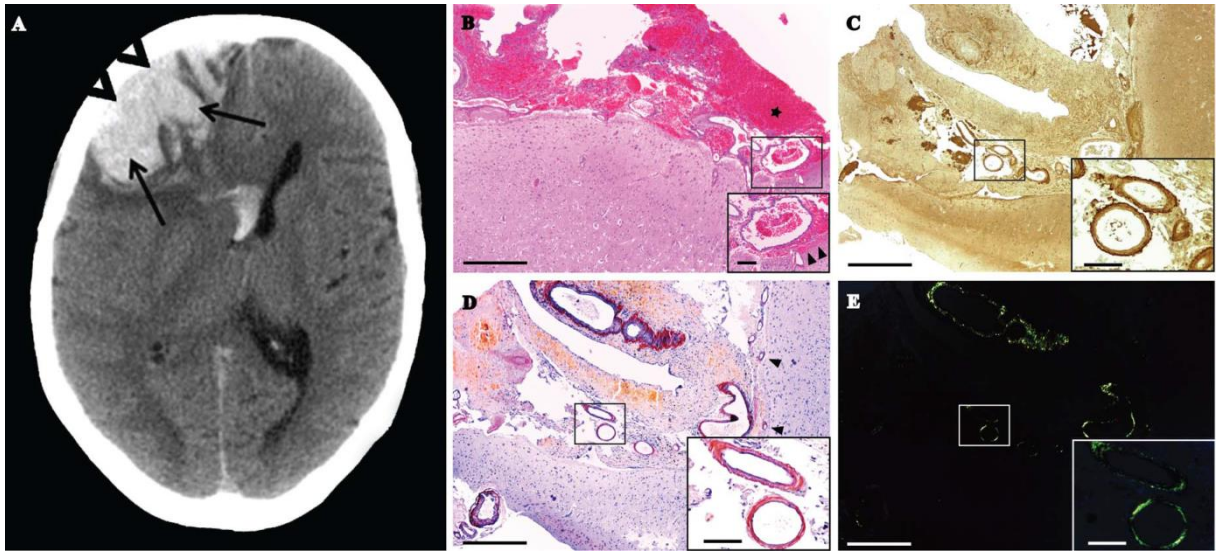
    - Sparse diffuse senile plaques.

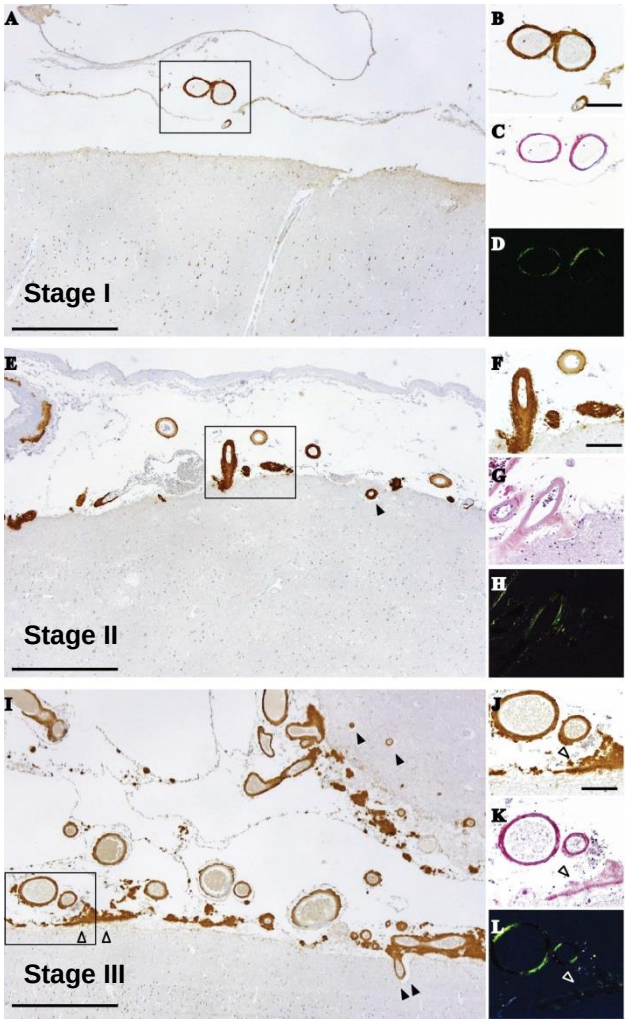
    - Braak stage II for NFT

    - Moderate density of AGD grains in limbic cortex.

    - No α-synuclein pathology

CNS patterns of Transthyretin-related amyloidsis in Familial Amyloid polyneuropathy

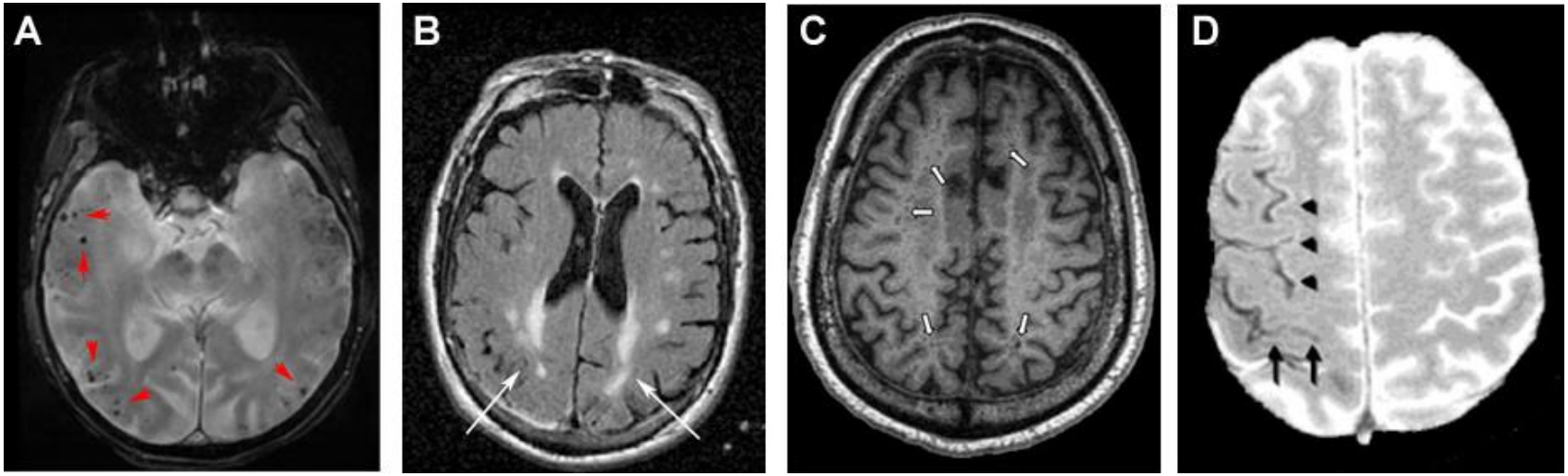




- **Onset 35±9 yrs, disease duration 8 ±4 yrs**
- **CNS TTR noted 3 yrs onset of peripheral neuropathy**
- **Pattern: meninges and its vessels and progresses to the meningocortical arteries and subpial parenchyma**
- **Subpial TTR amyloid associated with astrocytosis**
- **No cortical microbleeds, superficial siderosis or Aβ IR**

Maia LF, Magalhães R, Freitas J, et al. JNNP: doi:10.1136/ jnnp-2014-308107

Radiological signature of CAA



A, lobar microbleeds on GRE images; B posterior dominant WMH; C, dilated PVS on WM T1-WI; D, multiple areas of superficial siderosis