

# Malignant Hypertension Presenting with Splenium Stroke and Secondary Thrombotic Microangiopathy

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A 47-year-old man with a history of uncontrolled hypertension was admitted to the intensive care unit due to a severe headache, blurred vision and acute confusional state with a blood pressure of 220-140 mmHg. Neurologic examination revealed an encephalopathic patient, associated with bilateral papilledema. Laboratory results showed acute renal failure, anemia and thrombocytopenia associated with proteinuria. He received titratable drugs to treat high blood pressure. Renal artery doppler was unremarkable.

Measurement of serum Adamts-13 activity was normal. After 72 hours, following improvement of blood pressure and laboratory parameters, the patient was alert and cooperative but with ideomotor apraxia. Magnetic resonance imaging (MRI) of the brain revealed a lesion in the splenium of the corpus callosum, consistent with recent acute ischaemia (fig. 1). This was interpreted as malignant arterial hypertension with multi-organ involvement secondary to poorly controlled essential hypertension.

Malignant hypertension is defined as a rapid increase in blood pressure (systolic blood pressure (BP) >180 mm Hg and diastolic BP >120 mm Hg) with sudden and severe damage either to the brain, eyes, and/or kidneys. The essential hypertension is the most common underlying cause.

Ischemic stroke is one of the most common manifestations, however corpus callosum.

Infarction is uncommon and isolated to this structure is even rarer, accounting for <1% of ischemic strokes in most stroke registries.



**Figure 1:** Brian MRI shows acute ischemic lesion in DWI/ADC (a), T2 (b) and FLAIR sequence (c)

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