A fifty years old female presented with insidious onset gradually progressive staggering of gait and slowness of activities for last two years. It was associated with postural dizziness, dryness of mouth and increased frequency of urination. There was no history of forgetfulness, hallucinations, falls or similar illness in the family. On examination orthostatic hypotension, scanning speech, gait and appendicular ataxia, intention tremors, cogwheel rigidity and generalized hyperreflexia were present. The patient was diagnosed as probable multiple system atrophy-cerebellar (MSA-C). MRI (Brain) done on 1.5 tesla GE-SIGNA EXCITE Machine, revealed atrophy of cerebellum and pons (Fig. 1) and cruciform hyperintensity in the pons on T2W images (Fig. 2). This sign is known as “hot cross bun” sign. It is due to the loss of pontine neurons and myelinated transverse pontocerebellar fibres with relative preservation of the corticospinal tracts which run craniocaudally. This is a sign with very high specificity and positive predictive value but low sensitivity for MSA. This sign, however, has also been described in a patient of parkinsonism secondary to presumed vasculitis. Therefore, contextual correlation must always be foremost in interpreting this sign as is true for any other radiological sign.

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