

Neurological Bulletin

Volume 3 | Issue 1

Article 6

January 2012

Watershed Infarcts in Acute Hypereosinophilia

Jiaying Zhang

University of Massachusetts Medical School

Anthony Izzo

University of Massachusetts Medical School

Majaz Moonis

University of Massachusetts Medical School

Follow this and additional works at: https://escholarship.umassmed.edu/neurol_bull

Recommended Citation

Zhang J, Izzo A, Moonis M. Watershed Infarcts in Acute Hypereosinophilia. *Neurological Bulletin* 2011;3:36-37, http://dx.doi.org/10.7191/neurol_bull.2012.1032

Creative Commons License



This work is licensed under a [Creative Commons Attribution-NonCommercial-Share Alike 3.0 License](https://creativecommons.org/licenses/by-nc-sa/3.0/).

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Neurological Bulletin by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.

NEUROLOGICAL BULLETIN

FEATURING ARTICLES BY TRAINEES IN NEUROLOGY & NEUROSCIENCE

Watershed Infarcts in Acute Hypereosinophilia

Jiaying Zhang, Anthony Izzo, and Majaz Moonis

Department of Neurology
University of Massachusetts Medical School, Worcester, MA

A 79-year-old woman presented with generalized weakness, encephalopathy, and non-ST elevation myocardial infarction. Complete blood cell count showed elevated white blood count of $23.7/\text{mm}^3$ with 67% eosinophils and absolute eosinophil count of $15.9/\text{mm}^3$. Initial MRI revealed punctate scattered infarcts throughout cerebral and cerebellar hemispheres and the brainstem within watershed territories. There were no episodes of hypotension. Her neurological exam worsened the next day with coma and extensor posturing. Repeat MRI within 24 hours showed worsening with innumerable infarcts.

While neurological involvement is common, it is under-recognized in hypereosinophilic syndrome.¹ Acute watershed infarction is either due to in-situ thrombus formation from hyperviscosity or thromboembolism from a distant source.²

References

1. Moore PM, Harley JB, Fauci AS. Neurologic dysfunction in the idiopathic hypereosinophilic syndrome. *Ann Intern Med* 1985;102:109-114.
2. McMillan HJ, Johnston DL, Doja A. Watershed infarction due to acute hypereosinophilia. *Neurology* 2008;70:80-2.

Disclosure: the authors report no conflicts of interest.

All content in Neurological Bulletin, unless otherwise noted, is licensed under a Creative Commons Attribution-Noncommercial-Share Alike License <http://creativecommons.org/licenses/by-nc-sa/3.0/> (ISSN 1942-4043)

Correspondence to Anthony Izzo: anthony.izzo@umassmemorial.org

Keywords: watershed ischemia, hyperviscosity, hypereosinophilia

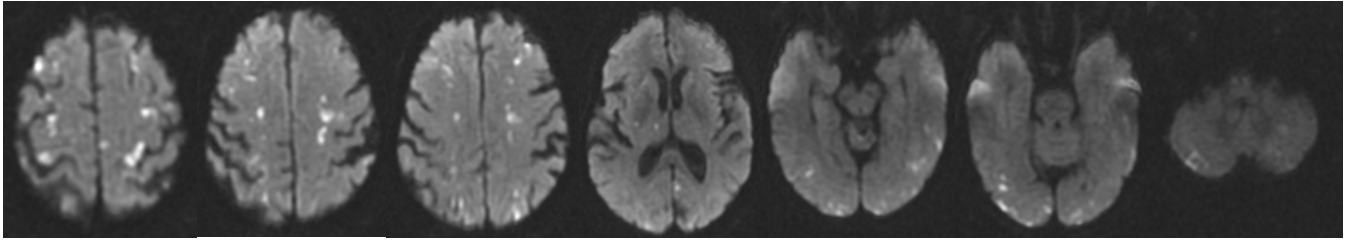


Figure 1: MRI DWI sequences showing acute punctate infarcts in watershed distribution.

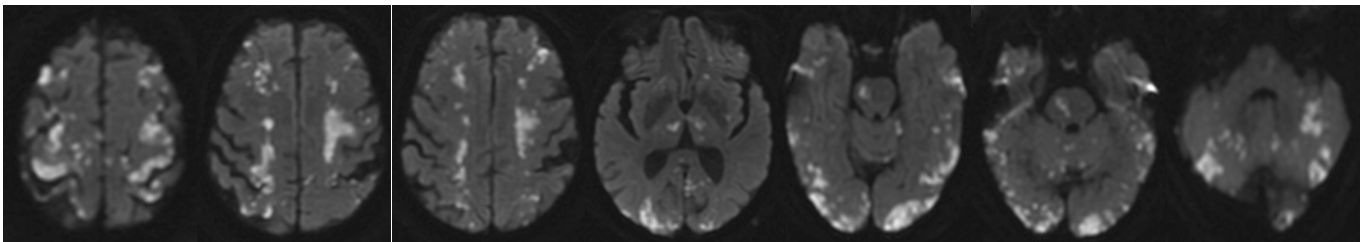


Figure 2: Repeat MRI in 24 hours, after worsening neurological exam.