Letters to the Editor

Letters to the Editor will be published, if suitable, as space permits. They should not exceed 1,000 words (typed double-spaced) in length and may be subject to editing or abridgment.

Cerebrovascular Disease in the Postpartum Period

To the Editor:

Trommer et al recently reported a patient who experienced focal cerebral ischemia in the postpartum period. They concluded that the changes present on angiography were a manifestation of vasospasm secondary to eclampsia.

Brick recently reported a similar case in which a young normotensive woman also experienced focal neurologic deficits accompanying an intracerebral hematoma without subarachnoid hemorrhage approximately 1 week following total abdominal hysterectomy. Angiography revealed a stenotic lesion in the left middle cerebral artery that had resolved by the time of repeat study 11 weeks later. Based on experimental studies demonstrating that female reproductive hormones can induce intimal hyperplasia in experimental animals, it was proposed that the vascular changes in that case were secondary to the direct action of female reproductive steroids on the vessel wall. This may also be the etiology of the angiographically demonstrated "vasospasm" reported in the case of Trommer et al.

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References
4. Friederici HHR: The early response of uterine capillaries to "vasospasm" reported in the case of Trommer et al.

The following is in reply:

To the Editor:

We appreciate Dr. Brick's comments regarding a possible etiologic role for female reproductive steroids in the vasculopathy demonstrated in our patient with postpartum eclampsia. A "hormonal factor" was also postulated to play a role in the postpartum cerebral angiopathy described by Manelfe et al in which headache, vomiting, seizures, and/or stroke were accompanied by diffuse segmental narrowing and dilatation of cerebral vessels in the absence of eclampsia.

We have recently had occasion to care for a previously healthy 34-year-old woman who developed headache, hypertension, and a right frontal intracerebral hematoma without subarachnoid hemorrhage approximately 1 week following total abdominal hysterectomy and treatment with estrogens (Premarin). Angiography revealed diffuse bilateral vasospasm (later shown to be reversible) in branches of the middle and posterior cerebral arteries and showed no evidence of vascular malformation. These findings suggest that efforts to comprehend the influence of hormonal alterations on the cerebral vasculature merit further pursuit.

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References

Decline in the Incidence of Stroke

To the Editor:

In past years, there have been interesting reports about stroke mortality and incidence. According to these reports, stroke mortality has declined in many countries. However, the decline in the incidence of stroke has been reliably reported only in the prospective population studies from Rochester, Minnesota. The question remains whether this decline has also occurred elsewhere. The answer seems to be yes since a decline in stroke incidence has also been detected in the Espoo-Kauniainen area of Finland. When the two population-based prospective stroke registers of Espoo and Kauniainen were age-adjusted to the same population and statistical differences between incidences were calculated according to the method of Schoenberg, the total stroke incidence declined 26% during the 8-year period (Table I) while that in men decreased 29%. The main reason for this decline was the decrease in intracerebral hemorrhages.

Since my findings show that the incidences of all categories of stroke in both men and women were lower in 1978–1980 than in 1972–1973, it would be interesting to know whether the incidence of stroke is also decreasing in other countries.

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References
Decline in the incidence of stroke.
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