Nuclear Magnetic Resonance Image White Matter Lesions and Risk Factors for Stroke in Normal Individuals

Helmuth Lechner, MD, Reinhold Schmidt, MD, Götz Bertha, MD, Erwin Justich, MD, Hans Offenbacher, MD, and Gerhard Schneider, MD

The incidence, average number, and localization of lesions of the white matter detected by the T2-weighted nuclear magnetic resonance images among volunteers without cerebrovascular symptoms have been correlated with the number of risk factors for stroke. Accepted risk factors were arterial hypertension, diabetes mellitus, smoking, hypercholesterolemia, and cardiac disease. The 42 subjects examined were divided into Group A (0–1 risk factor, mean age 59.36 ± 5.73 years), Group B (2 risk factors, mean age 61.54 ± 8.33 years), and Group C (≥3 risk factors, mean age 62.57 ± 9.83 years). Multiple risk factors among the age-matched groups was accompanied by a highly significant increase (p<0.001, Group A versus Group B; p < 0.01, Group A versus Group C) of the incidence of white matter lesions. The average number of white matter lesions was increased (p < 0.001) when Group A was compared with Groups B and C. Ninety-two percent of the white matter lesions were localized in watershed zones. Only 11 of the 155 abnormalities of the white matter detected by nuclear magnetic resonance imaging could be detected by computed tomography. White matter lesions in T2-weighted images appear to be an early stage of cerebrovascular disease.

Subjects and Methods

A prospective study of 42 volunteers was undertaken to establish the incidence of cerebrovascular risk factors in the Styrian population that lives in Graz, Austria, and the surrounding region. This cohort was divided into three groups according to the number of risk factors for stroke. Group A (22 persons, mean age 59.36 ± 5.73 years) exhibited zero to one risk factor for stroke, Group B (13 persons, mean age 61.54 ± 8.33 years) had two risk factors for stroke, and Group C (7 persons, mean age 62.57 ± 9.83 years) had three or more risk factors. The age distribution was in Group A 53 – 70 years, in Group B 44 – 76 years, and in Group C 44 – 72 years. Accepted risk factors for stroke were arterial hypertension (≥ 160 mm Hg systolic), diabetes mellitus (≥ 160 mg/dl empty stomach blood sugar level), hypercholesterolemia (≥ 250 mg/dl), smoking (≥ 10 cigarettes/day), and heart disease (coronary heart disease, arrhythmias, myocardial infarction).

All volunteers were examined twice over an interval of 17.8 ± 6.7 months. NMRI was carried out on all 42 persons using a superconducting magnet with a field strength of 1.5 T (Gyroscan s 15, Phillips). Using a multislice technique, the brain was imaged in the axial plane at 5-mm intervals. The spin-echo technique uses a pulse repetition time (TR) of 2,500 msec and echo times (TEs) of 30 and 60 msec. In addition, images were made in the sagittal plane with short pulse frequencies (spin-echo, TR/TE 600/30). The matrix was 128 × 256 pixel elements (pixels). All white matter lesions except caps and periventricular lines of hyperintensity were recorded with respect to their number and location.

Computed tomography (CT) was carried out on Somatom DR3, DR5, and DRH systems without the use of any contrast material. The slice thickness in the posterior fossa was 4 mm and in the supratentorial compartment 8 mm. Sixty percent of the investigations were accomplished with a 256 × 256-pixel matrix and the rest with a 512 × 512-pixel matrix.

To analyze the results, the Wilcoxon-Mann-Whitney U test and the Fisher test were applied.
TABLE 1. Frequency of Cerebrovascular Risk Factors in Three Differentiated Groups

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Group A (n = 22)</th>
<th>Group B (n = 13)</th>
<th>Group C (n = 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterial hypertension</td>
<td>2 (9.1%)</td>
<td>9 (69.2%)</td>
<td>7 (100.0%)</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>0 (0%)</td>
<td>2 (15.4%)</td>
<td>4 (57.1%)</td>
</tr>
<tr>
<td>Hypercholesterolemia</td>
<td>4 (18.2%)</td>
<td>6 (46.2%)</td>
<td>6 (85.7%)</td>
</tr>
<tr>
<td>Cardiac disease</td>
<td>3 (13.6%)</td>
<td>7 (53.8%)</td>
<td>4 (57.1%)</td>
</tr>
<tr>
<td>Smoking</td>
<td>0 (0%)</td>
<td>2 (15.4%)</td>
<td>1 (14.3%)</td>
</tr>
</tbody>
</table>

Group A, 0–1 risk factor; Group B, 2 risk factors; Group C, ≥3 risk factors.

RESULTS

Table 1 displays the risk factor distribution in the various groups. Eighteen (42.9%) of the 42 investigated persons had arterial hypertension, the most frequent cerebrovascular risk factor. The second most frequent risk factor was hypercholesterolemia (16 persons, 38.1%), followed by cardiac disease (14 persons, 33.3%). Six persons (14.3%) suffered from diabetes mellitus, and 3 (7.1%) smoked cigarettes. Twelve persons examined (28.6%) had no cerebrovascular risk factors. The most frequently occurring risk factors were arterial hypertension, diabetes mellitus, and smoking. Twelve persons examined (28.6%) had no cerebrovascular risk factors.

TABLE 2. Nuclear Magnetic Resonance Imaging Findings and Number of Risk Factors

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean age (yr)</th>
<th>Subjects with lesions</th>
<th>Average number of lesions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A (n = 22)</td>
<td>59.36±5.73</td>
<td>7 (32%)</td>
<td>1.86±3.8</td>
</tr>
<tr>
<td>Group B (n = 13)</td>
<td>61.54±8.33</td>
<td>12 (92%)†</td>
<td>5.62±4.98*</td>
</tr>
<tr>
<td>Group C (n = 7)</td>
<td>62.57±9.83</td>
<td>7 (100%)*</td>
<td>6.86±8.55*</td>
</tr>
</tbody>
</table>

Group A, 0–1 risk factor; Group B, 2 risk factors; Group C, ≥3 risk factors.

* p<0.01; † p<0.001.

Discussion

When white matter lesions are noted by T2-weighted NMRI in the elderly, several differential diagnoses should be considered. Certain similarities with the lesions seen in multiple sclerosis raise the question of a focus of demyelination; however, lesions of high water content causing structural changes of myelin in deep white matter also occur with cerebral ischemia.* The age and the absence of widespread symptoms in...
the persons examined as well as the rare localization of vascular lesions in the juxtaventricular zones oppose the diagnosis of multiple sclerosis. Gerard and Weisberg describe "patchy periventricular white matter lesions" as well as periventricular bands and/or foci of high signal intensity in the frontal and posterior horn among 31% of those investigated with risk factors for stroke but without cerebrovascular symptoms, independent of age. Patients with risk factors plus cerebrovascular symptoms showed changes of this type in 78.5% of the age group 50−59 years of age and in 84% of those ≥ 60. Awad et al positively correlated incidental subcortical lesions with a history of ischemic cerebrovascular disease and hypertension and considered these two factors together with an elderly age as major predictors of the vascular lesions of the white matter. Foci around the frontal and posterior horns, appearing as periventricular bands, were ignored in our study because histologic investigation showed that they are not pathologic changes.

Our study of white matter lesions was carried out prospectively and is concerned only with volunteers free of cerebrovascular symptoms to examine the role of risk factors for stroke compared across age-differentiated groups. When two risk factors for stroke were present, white matter lesions could be found among 92%; when three or more risk factors were present, lesions were present in 100% of those examined. The present frequency of white matter lesions in the age group > 60 years old is higher than among patients examined by Gerard and Weisberg, who found both risk factors for stroke and cerebrovascular symptoms, despite the fact that all the volunteers in our study were free of clinical manifestation of cerebrovascular disease. Gerard and Weisberg mentioned no breakdown of the type and number of existing risk factors. In the study of Awad et al a direct relation of the incidence of arterial hypertension was identified. In our investigation arterial hypertension and diabetes mellitus, both of which are certain risk factors for stroke, were found nearly exclusively as the risk factors characterizing Groups B and C. This underlines the enhancing effect of these two factors when they occur together or in combination with other risk factors.

Three factors appear important for correlating white matter lesions with the occurrence of cerebrovascular risk factors. These are 1) a highly significant increase of white matter lesions in the groups with multiple risk factors compared with age-matched groups with no or a single risk factor, 2) the average number of lesions correlates positively with the increase in the number of associated risk factors, and 3) a predominant localization (92.3%) of the lesions in watershed areas that are known to be subject to chronically reduced perfusion in the presence of cerebrovascular disease.

Regarding a small group of patients with bilateral stenosis of the internal carotid arteries, Kinkel et al discussed reversible developments of white matter changes in T2-weighted images after endarterectomies confined to the boundary zones of their arterial supply and concluded this to be a reliable sign of reversible perfusion reduction. None of these changes were observed by CT scan. We too have noted that CT is inferior to NMRI in showing these changes. Only 11 of 155 lesions detected by NMRI were diagnosed by CT scanning.

Positive correlations were found with lesions of the white matter observed by NMRI scanning and risk factors for stroke, which supports the view that these changes are an early stage of cerebrovascular disease. As mentioned above, these lesions do not preclude their reversibility.

References


Key Words • cerebrovascular disorders • nuclear magnetic resonance • risk factors
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Stroke. 1988;19:263-265
doi: 10.1161/01.STR.19.2.263

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