Short Communications

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. (Stroke 1988;19:263–265)

Nuclear magnetic resonance imaging (NMRI) demonstrates lesions of the white matter on T2-weighted images among 30% of individuals aged ≥60 years. There are positive correlations with advancing age but also with the occurrence of risk factors for stroke and cerebrovascular symptoms as described in retrospective studies. So far, there has been no prospective study comparing age-matched groups showing a relation between white matter lesions in subjects free of cerebrovascular symptoms and the number of coexisting factors for stroke.

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 s15, 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 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, DR4, 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.
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 second most frequent risk factor was hypercholesterolemia (16, 36.4%), followed by cardiac disease (14, 33.3%). Six persons (14.3%) suffered from diabetes mellitus, and 3 (7.1%) smoked cigarettes.

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

<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>18 (69.2%)</td>
<td>5 (38.5%)</td>
<td>7 (100.0%)</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>2 (9.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Hypercholesterolemia</td>
<td>6 (26.1%)</td>
<td>6 (46.2%)</td>
<td>3 (42.9%)</td>
</tr>
<tr>
<td>Cardiac disease</td>
<td>2 (9.1%)</td>
<td>3 (23.1%)</td>
<td>2 (28.6%)</td>
</tr>
<tr>
<td>Smoking</td>
<td>2 (9.1%)</td>
<td>1 (7.7%)</td>
<td>1 (14.3%)</td>
</tr>
</tbody>
</table>

Table 1. Frequency of Cerebrovascular Risk Factors in Three Differentiated Groups

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
Middle cerebral artery watershed area
Anterior-middle cerebral artery watershed area
Middle-posterior cerebral artery
Anterior cerebral artery
Posterior cerebral artery
Basal ganglia
Brainstem

Table 3. Localization of White Matter Lesions (n=26)

<table>
<thead>
<tr>
<th>Lesion</th>
<th>No. with lesions</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle cerebral artery watershed area</td>
<td>17</td>
<td>65.4</td>
</tr>
<tr>
<td>Anterior-middle cerebral artery watershed area</td>
<td>15</td>
<td>57.7</td>
</tr>
<tr>
<td>Middle-posterior cerebral artery</td>
<td>9</td>
<td>34.6</td>
</tr>
<tr>
<td>Anterior cerebral artery</td>
<td>5</td>
<td>19.2</td>
</tr>
<tr>
<td>Posterior cerebral artery</td>
<td>4</td>
<td>15.4</td>
</tr>
<tr>
<td>Basal ganglia</td>
<td>4</td>
<td>15.4</td>
</tr>
<tr>
<td>Brainstem</td>
<td>3</td>
<td>11.5</td>
</tr>
</tbody>
</table>

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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