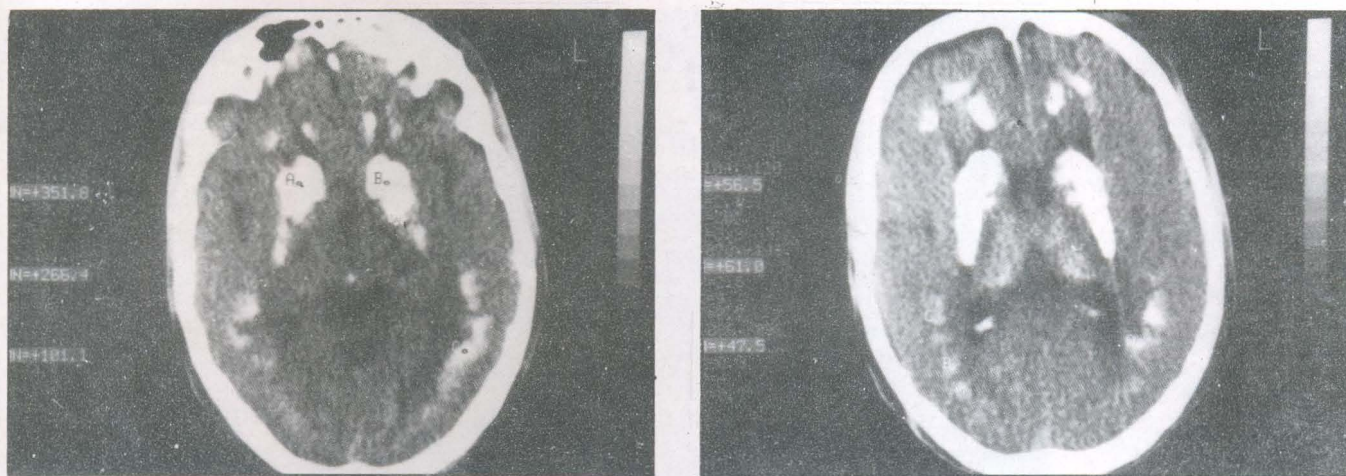


Basal Ganglia Calcification

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CT scan films show bilateral symmetrical calcification in basal ganglia, basifrontal regions and in the basal areas in posterior parietal region. These CT scan films are of a 24 yr old male who presented with history of fall and loss of consciousness, vomiting and features of cerebral irritation.

Patient improved with decongestant and anticonvulsant therapy.

Basal ganglia calcification (BGC) is a characteristic symmetrical intracranial calcification which involves commonly the globus pallidus and caudate nucleus and less commonly the lateral part of thalamus, internal capsule, dentate nucleus and white matter of cerebellum, centrum semiovale and cerebral cortex at the base of gyri. BGC is no more a rarity because of widespread application of CT and is being diagnosed with increasing frequency. BGC is associated with diverse and numerous neurological and systemic conditions and it is difficult to establish any cause-effect relationship. Commonly associated conditions are epilepsy, mental retardation extrapyramidal syndromes, psychiatric abnormalities, stroke, raised intracranial tension without localizing signs and hypothyroidism. However, cases with idiopathic nature and of sporadic type are being observed more now. Other causes associated with calcification of basal ganglia include tuberous sclerosis, cytomegalic inclusion disease, toxoplasmosis, measles or chickenpox encephalitis, cysticercosis, carbon monoxide intoxication, lead intoxication, birth anoxia, therapeutic radiation and methotrexate therapy.

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