ABBR EVATIONS:

- ARIA: amyloid-related imaging abnormalities
- ARIA-E: ARIA with edema
- ARIA-H: ARIA with hemorrhage
- ARIA-ri, PRES
- CAA: cerebral amyloid angiopathy
- CAA-ri, PRES
- CT: computed tomography
- DWI: diffusion-weighted imaging
- FLAIR: fluid-attenuated inversion recovery
- MRI: magnetic resonance imaging
- SAH: subarachnoid hemorrhage
- SSVE: subclinical vascular events
- T1: transverse T1-weighted
- T2: transverse T2-weighted
- T2-FLAIR: T2 fluid-attenuated inversion recovery
- T2*WI: longitudinal susceptibility-weighted imaging
- TD: transverse diffusion-weighted imaging
- TSE: turbo spin-echo
- ADC: apparent diffusion coefficient
- MRA: magnetic resonance angiography
- MRS: magnetic resonance spectroscopy

References:

A R IA differential diagnosis

MRI findings in amyloid-related imaging abnormalities (ARIA) are a consequence of the presence of amyloid in blood vessel walls (cerebral amyloid angiopathy [CAA]). CAA can cause spontaneous ARIA in patients with Alzheimer’s Disease. The risk of ARIA is increased with the use of monoclonal antibodies that remove amyloid plaque in patients with AD.

When differentiating between ARIA and other imaging abnormalities, it is important to consider the full clinical history of the patient and contextualize it against the use/non-use of monoclonal antibodies that remove amyloid plaque and the patient’s clinical presentation/symptoms.

PERIHELIONAL EDEMA

The perihelioneral edema (PRES) is characterized by the accumulation of amyloid β within blood vessel walls. It is a common neuropathological finding among older adults, especially among those with Alzheimer’s disease. CAA is considered an important cause of lobar intracerebral hemorrhage.

CEREBRAL AMYLOID ANGIOPATHY – RELATED INFLAMMATION

Cerebral amyloid angiopathy (CAA) is characterized by the accumulation of amyloid β within blood vessel walls. It is a common neuropathological finding among older adults, especially among those with Alzheimer’s disease. CAA is considered an important cause of lobar intracerebral hemorrhage.

Both have similar imaging findings of sulcal effusions/edema and microhemorrhages/siderosis and are best differentiated by the use/non-use of monoclonal antibodies that remove amyloid plaque.

C A A- ri versus A R I A

Both have similar imaging findings of sulcal effusions/edema and microhemorrhages/siderosis and are best differentiated by the use/non-use of monoclonal antibodies that remove amyloid plaque.