**Background.** Foster Kennedy syndrome (FKS) is described as ipsilateral optic atrophy and contralateral papilledema from an intracranial mass. FKS is uncommon manifestation of Neurofibromatosis type 2 (NF2), which is generally presented with hearing loss and tinnitus.
**Case report.** In this report we present a 26-year-old female with the atypical presentation of NF2. First symptoms were progressive vision loss and cognitive dysfunction. Ophthalmological examination revealed right-sided papilledema and left-sided optic atrophy. Magnetic resonance imaging (MRI) of the brain revealed bilateral vestibulocochlear schwannoma and three intracranial meningiomas, involving the parafalcine region and the olfactory groove. Whole spine MRI showed one intramedullary tumor at C1-C2 level, multiple spinal canal nodules in cervico-dorsal regions and one Th12-L2 extramedullary tumor. Based on clinical and imaging findings the diagnosis of neurofibromatosis type 2 was established. The patient underwent surgical resection of giant parasagittal meningioma, subtotal resection of the olfactory groove meningioma and total resection of Th12-L2 meningioma. Six months after brain surgery, she underwent Gamma knife radiosurgery for remnant frontobasal meningioma and for both vestibulocochlear schwannomas. Despite the combined treatment of intracranial lesions, only an insignificant vision improvement was achieved.
**Conclusions.** FKS can be the presenting symptom of NF2. Early detection and treatment of ophthalmologic manifestations of NF2 may prevent amblyopia development.
**Key words:** Foster Kennedy syndrome, neurofibromatosis type 2, intracranial meningioma, intramedullary tumor, extramedullary tumor

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## 22. INTRACEREBRAL HEMORRHAGE IN A PATIENT WITH MOYAMOYA SYNDROME: CASE REPORT

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**Background.** Moyamoya disease is a cerebrovascular disease that is characterized by bilateral chronic and progressive stenosis or occlusion of the arteries around the circle of Willis with development of collateral circulation, of unknown etiology. It has a high incidence in Japan and Asian population, with fewer cases described in Europe. Similar angiographic findings can be seen in patients with other medical conditions that are described as Moyamoya syndrome. Main clinical features include transient ischemic attacks, ischemic strokes, and hemorrhagic strokes.
**Case report.** We describe a 38-year-old female patient that presented with an intracerebral hemorrhage with a typical location for hypertensive bleeds. She had no vascular risk factors, but a high normal blood pressure (140/90 mmHg), and elevated ESR. A magnetic resonance angiography showed occlusion of internal carotid artery with development of collateral cerebral circulation on the side of the bleeding. Unilateral affection and elevated ESR were more characteristic for a moyamoya syndrome within a systemic disease.
**Conclusions.** Despite a typical hypertensive location of the bleeding, vascular imaging is warranted in all patients with intracerebral bleedings to evaluate for atypical etiologies. Our case represents a patient that might benefit from revascularization surgery in the context of multifactorial risk factor control.
**Key words:** Moyamoya syndrome, stroke, hemorrhage, intracerebral, collateral flow.

## 23. POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME MIMICKING

## STROKE IN A YOUNG WOMAN

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**Background.** Stroke in young patients (<50 years old) represents a diagnosis and therapeutic challenge, given the multitude of etiologies and mimics of the disease. Pregnant women have a higher risk of stroke during the entire pregnancy, especially in the postpartum period.
**Case report.** We present the case of a young women of 35 years old, admitted to the neuroemergencies department, with previous transient amaurosis, single episode of complex motor seizures the week before admission, moderate right sided hemiparesis, and temporal-spatial disorientation. Anamnesis reveals an emergency c-section 12 days before hospitalization at 36 weeks of pregnancy. Past medical history – unremarkable. Admission neurological state: awake, alert, disoriented in time, and space. Intact cranial nerves. Diminished strenght in the right upper and lower limbs – 2/5 points; hypertonus and brisk deep tendon reflexes on the right; bilateral Babinski sign; mild hemihypoalgesia on the right side; temporal and spatial disorientation, cognitive decline (MMSE 15p). No meningeal signs. To exclude a possible posterior circulation ischemic stroke, a brain computed tomography was performed showing some diffuse occipital lobe lesions suggestive for encephalitis. Further investigation by 3T brain MRI showed diffuse, bilateral, white matter lesions of possible inflammatory or toxic-metabolic etiology. Posterior Reversible Encephalopathy Syndrome (PRES) diagnosis was established and targeted treatment performed. Two weeks later we noticed complete resolution of the motor deficit (patient walking alone without support), the patient was alert, oriented in time, space and herself, the cognitive function improved (MMSE 25 p) with home discharge. Normal follow-up MRI (1 month) was obtained.
**Conclusions.** Stroke should be excluded in post-partum women given the higher incidence in this group of population. PRES syndrome is a benign stroke-mimic that should be suspected in the appropriate clinical and imagistic context for correct management of the pathology.
**Key words:** PRES syndrome, stroke mimics in youth, stroke in women.

## 24. SPONTANEOUS PNEUMOTHORAX AFTER A RESPIRATORY DISTRESS SYNDROME – A CASE REPORT

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**Background.** Respiratory distress syndrome(RDS) of the newborn is caused by pulmonary surfactant deficiency in the lungs of neonates which leads to alveolar collapse and noncompliant lungs. It can be primary or secondary, due to meconium aspiration or Group B Streptocoocus (GBS) infection. RDS is usually diagnosed with a combination of clinical signs and/or symptoms (apnea, cyanosis, grunting, inspiratory stridor, nasal flaring, poor feeding, and tachypnea), chest radiographic findings, and arterial blood gas Results. In near term or term infants with great respiratory effort, RDS can be complicated with spontaneous pnumothorax.
**Case report.** A 2700 g male neonate was admitted to the neonatal intensive care unit (NICU) of Mures County Emergency Hospital with respiratory distress syndrome. Baby was vaginal born at a gestational age of 39/40 weeks at Ludus Emergency Hospital. Apgar score was 10/10 at the 1