## MINIREVIEWS

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>5934</td>
<td>Development of clustered regularly interspaced short palindromic repeats/CRISPR-associated technology for potential clinical applications</td>
<td>Huang YY, Zhang XY, Zhu P, Ji L</td>
</tr>
<tr>
<td>5946</td>
<td>Strategies and challenges in treatment of varicose veins and venous insufficiency</td>
<td>Gao RD, Qian SY, Wang HH, Liu YS, Ren SY</td>
</tr>
<tr>
<td>5957</td>
<td>Diabetes mellitus susceptibility with varied diseased phenotypes and its comparison with phenome interactome networks</td>
<td>Rout M, Kour B, Vuree S, Lulu SS, Medicherla KM, Suravajhala P</td>
</tr>
</tbody>
</table>

## ORIGINAL ARTICLE

### Clinical and Translational Research

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>5965</td>
<td>Identification of potential key molecules and signaling pathways for psoriasis based on weighted gene co-expression network analysis</td>
<td>Shu X, Chen XX, Kang XD, Ran M, Wang YL, Zhao ZK, Li CX</td>
</tr>
</tbody>
</table>

### Case Control Study

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>6001</td>
<td>Effectiveness and postoperative rehabilitation of one-stage combined anterior-posterior surgery for severe thoracolumbar fractures with spinal cord injury</td>
<td>Zhang B, Wang JC, Jiang YZ, Song QP, An Y</td>
</tr>
</tbody>
</table>

### Retrospective Study

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>6009</td>
<td>Prostate sclerosing adenopathy: A clinicopathological and immunohistochemical study of twelve patients</td>
<td>Feng RL, Tao YP, Tan ZY, Fu S, Wang HF</td>
</tr>
<tr>
<td>6021</td>
<td>Value of magnetic resonance diffusion combined with perfusion imaging techniques for diagnosing potentially malignant breast lesions</td>
<td>Zhang H, Zhang XY, Wang Y</td>
</tr>
<tr>
<td>6032</td>
<td>Scar-centered dilation in the treatment of large keloids</td>
<td>Wu M, Gu JY, Duan R, Wei BX, Xie F</td>
</tr>
</tbody>
</table>
Influences of etiology and endoscopic appearance on the long-term outcomes of gastric antral vascular ectasia

Kwon HJ, Lee SH, Cho JH

Randomized Controlled Trial

Evaluation of the clinical efficacy and safety of TST33 mega hemorrhoidectomy for severe prolapsed hemorrhoids

Tao L, Wei J, Ding XF, Ji LJ

Sequential chemotherapy and icotinib as first-line treatment for advanced epidermal growth factor receptor-mutated non-small cell lung cancer

Sun SJ, Han JD, Liu W, Wu ZY, Zhao X, Yan X, Jiao SC, Fang J

Randomized Clinical Trial

Impact of preoperative carbohydrate loading on gastric volume in patients with type 2 diabetes

Lin XQ, Chen YR, Chen X, Cai YP, Lin JX, Xu DM, Zheng XC

META-ANALYSIS

Efficacy and safety of adalimumab in comparison to infliximab for Crohn's disease: A systematic review and meta-analysis

Yang HH, Huang Y, Zhou XC, Wang RN

CASE REPORT

Successful treatment of acute relapse of chronic eosinophilic pneumonia with benralizumab and without corticosteroids: A case report

Izhakian S, Pertzov B, Rosengarten D, Kramer MR

Pembrolizumab-induced Stevens-Johnson syndrome in advanced squamous cell carcinoma of the lung: A case report and review of literature

Wu JY, Kang K, Yi J, Yang B

Hepatic epithelioid hemangioendothelioma after thirteen years' follow-up: A case report and review of literature

Mo WF, Tong YL

Effectiveness and safety of ultrasound-guided intramuscular lauromacrogol injection combined with hysteroscopy in cervical pregnancy treatment: A case report

Ye JP, Gao Y, Lu LW, Ye YJ

Carcinoma located in a right-sided sigmoid colon: A case report

Lyu LJ, Yao WW

Subcutaneous infection caused by Mycobacterium abscessus following cosmetic injections of botulinum toxin: A case report

Deng L, Luo YZ, Liu F, Yu XH
Overlapping syndrome of recurrent anti-N-methyl-D-aspartate receptor encephalitis and anti-myelin oligodendrocyte glycoprotein demyelinating diseases: A case report
Yin XJ, Zhang LF, Bao LH, Feng ZC, Chen JH, Li BX, Zhang J

Liver transplantation for late-onset ornithine transcarbamylase deficiency: A case report

Disseminated strongyloidiasis in a patient with rheumatoid arthritis: A case report
Zheng JH, Xue LY

CYP27A1 mutation in a case of cerebrotendinous xanthomatosis: A case report
Li ZR, Zhou YL, Jin Q, Xie YY, Meng HM

Postoperative multiple metastasis of clear cell sarcoma-like tumor of the gastrointestinal tract in adolescent: A case report
Huang WP, Li LM, Gao JB

Toripalimab combined with targeted therapy and chemotherapy achieves pathologic complete response in gastric carcinoma: A case report

Presentation of Boerhaave’s syndrome as an upper-esophageal perforation associated with a right-sided pleural effusion: A case report
Tan N, Luo YH, Li GC, Chen YL, Tan W, Xiang YH, Ge L, Yao D, Zhang MH

Camrelizumab-induced anaphylactic shock in an esophageal squamous cell carcinoma patient: A case report and review of literature

Nontraumatic convexal subarachnoid hemorrhage: A case report
Chen HL, Li B, Chen C, Fan XX, Ma WB

Growth hormone ameliorates hepatopulmonary syndrome and nonalcoholic steatohepatitis secondary to hypopituitarism in a child: A case report
Zhang XY, Yuan K, Fang YL, Wang CL

Vancomycin dosing in an obese patient with acute renal failure: A case report and review of literature
Xu KY, Li D, Hu ZJ, Zhao CC, Bai J, Du WL

Insulinoma after sleeve gastrectomy: A case report
Lobaton-Ginsberg M, Sotelo-González P, Ramirez-Renteria C, Juárez-Aguilar FG, Ferreira-Hermosillo A

Primary intestinal lymphangiectasia presenting as limb convulsions: A case report
Cao Y, Feng XH, Ni HX

Esophagogastric junctional neuroendocrine tumor with adenocarcinoma: A case report
Kong ZZ, Zhang L
Contents

Thrice Monthly Volume 10 Number 18 June 26, 2022

6247  Foreign body granuloma in the tongue differentiated from tongue cancer: A case report
Jiang ZH, Xu R, Xia L

6254  Modified endoscopic ultrasound-guided selective N-butyl-2-cyanoacrylate injections for gastric variceal hemorrhage in left-sided portal hypertension: A case report
Yang J, Zeng Y, Zhang JW

6261  Management of type IIIb dens invaginatus using a combination of root canal treatment, intentional replantation, and surgical therapy: A case report
Zhang J, Li N, Li WL, Zheng XY, Li S

6269  Clivus-involved immunoglobulin G4 related hypertrophic pachymeningitis mimicking meningioma: A case report
Yu Y, Lv L, Yin SL, Chen C, Jiang S, Zhou PZ

6277  De novo brain arteriovenous malformation formation and development: A case report
Huang H, Wang X, Guo AN, Li W, Duan RH, Fang JH, Yin B, Li DD

6283  Coinfection of Streptococcus suis and Nocardia asiatica in the human central nervous system: A case report
Chen YY, Xue XH

6289  Dilated left ventricle with multiple outpouchings — a severe congenital ventricular diverticulum or left-dominant arrhythmogenic cardiomyopathy: A case report
Zhang X, Ye RY, Chen XP

6298  Spontaneous healing of complicated crown-root fractures in children: Two case reports
Zhou ZL, Guo L, Sun SK, Li HS, Zhang CD, Kou WW, Xu Z, Wu LA

6307  Thyroid follicular renal cell carcinoma excluding thyroid metastases: A case report
Wu SC, Li XY, Liao BJ, Xie K, Chen WM

6314  Appendiceal bleeding: A case report
Zhou SY, Guo MD, Ye XH

6319  Spontaneous healing after conservative treatment of isolated grade IV pancreatic duct disruption caused by trauma: A case report
Mei MZ, Ren YF, Mou YP, Wang YY, Jin WW, Lu C, Zhu QC

6325  Pneumonia and seizures due to hypereosinophilic syndrome—organ damage and eosinophilia without synchronisation: A case report
Ishida T, Murayama T, Kobayashi S

6333  Creutzfeldt-Jakob disease presenting with bilateral hearing loss: A case report
Na S, Lee SA, Lee JD, Lee ES, Lee TK

LETTER TO THE EDITOR

638  Stem cells as an option for the treatment of COVID-19
Cuevas-González MV, Cuevas-González JC
ABOUT COVER
Editorial Board Member of World Journal of Clinical Cases, Cristina Tudoran, PhD, Assistant Professor, Department VII, Internal Medicine II, Discipline of Cardiology, "Victor Babes" University of Medicine and Pharmacy Timisoara, Timisoara 300041, Timis, Romania. cristina13.tudoran@gmail.com

AIMS AND SCOPE
The primary aim of World Journal of Clinical Cases (WJCC, World J Clin Cases) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING
The WJCC is now indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, Scopus, PubMed, and PubMed Central. The 2021 Edition of Journal Citation Reports® cites the 2020 impact factor (IF) for WJCC as 1.337; IF without journal self cites: 1.301; 5-year IF: 1.742; Journal Citation Indicator: 0.33; Ranking: 119 among 169 journals in medicine, general and internal; and Quartile category: Q3. The WJCC's CiteScore for 2020 is 0.8 and Scopus CiteScore rank 2020: General Medicine is 493/793.

RESPONSIBLE EDITORS FOR THIS ISSUE
Production Editor: Ying-Yi Yuan; Production Department Director: Xu Guo; Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL
World Journal of Clinical Cases

ISSN
ISSN 2307-8960 (online)

LAUNCH DATE
April 16, 2013

FREQUENCY
Thrice Monthly

EDITORS-IN-CHIEF
Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Jai Hyeon Ku

EDITORIAL BOARD MEMBERS
https://www.wjgnet.com/2307-8960/editorialboard.htm

PUBLICATION DATE
June 26, 2022

COPYRIGHT
© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS
https://www.wjgnet.com/bpg/gerinfo/204

GUIDELINES FOR ETHICS DOCUMENTS
https://www.wjgnet.com/bpg/gerinfo/287

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH
https://www.wjgnet.com/bpg/gerinfo/240

PUBLICATION ETHICS
https://www.wjgnet.com/bpg/gerinfo/288

PUBLICATION MISCONDUCT
https://www.wjgnet.com/bpg/gerinfo/208

ARTICLE PROCESSING CHARGE
https://www.wjgnet.com/bpg/gerinfo/242

STEPS FOR SUBMITTING MANUSCRIPTS
https://www.wjgnet.com/bpg/gerinfo/239

ONLINE SUBMISSION
https://www.f6publishing.com

© 2022 Baishideng Publishing Group Inc. All rights reserved. 7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
E-mail: bpgoffice@wjgnet.com https://www.wjgnet.com
Nontraumatic convexal subarachnoid hemorrhage: A case report

Hong-Liang Chen, Bin Li, Chao Chen, Xiao-Xuan Fan, Wen-Bin Ma

Abstract

BACKGROUND
Nontraumatic convexal subarachnoid hemorrhage (cSAH) is a rare type of atypical subarachnoid hemorrhage. It mainly presents as a focal and transient neurological deficit with similar manifestations as transient ischemic attack.

CASE SUMMARY
We report a case of a 64-year-old man who visited the hospital with paroxysmal left-sided numbness and weakness is presented in this study. Computed tomography examination indicated a high-density image of the right frontal-parietal sulcus. Digital subtraction angiography showed severe stenosis at the right anterior cerebral artery A2-A3 junction (stenosis rate approximately 70%).

CONCLUSION
The findings of this case indicate that anterior cerebral artery stenosis may lead to the occurrence of cSAH.

Key Words: Nontraumatic convexal subarachnoid hemorrhage; Subarachnoid hemorrhage; Transient ischemic attack; Artery atherosclerosis stenosis; Case report

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: This is a rare case of convexal subarachnoid hemorrhage (cSAH) with transient ischemic attack as the first presentation. We reported the whole course. This case indicated the clinical characteristics, laboratory findings, imaging examinations and adjustment of treatment and discussed the possible relation between anterior cerebral artery stenosis and the occurrence of cSAH.
INTRODUCTION
Nontraumatic convexal subarachnoid hemorrhage (cSAH) is a subtype of atypical SAH. Its bleeding site is mainly confined to one or more cerebral hemisphere convexocortical sulci with high incidence in the central sulcus. It does not affect the brain parenchyma, basal cistern, or interhemispheric fissure. It is characterized by low hemorrhage, and only the local cerebral cortex is involved. In addition, it is not associated with typical symptoms such as severe headache and meningeal irritation. In the present study, a case of a cSAH patient with transient ischemic attack (TIA) and a summary of relevant literature are presented.

CASE PRESENTATION

Chief complaints
A 64-year-old male was admitted to the hospital after experiencing paroxysmal left-sided numbness and weakness for 4 d.

History of present illness
These symptoms occurred 2-3 times a day and lasted approximately 20 min each time.

History of past illness
The patient had a clinical history of ischemic stroke and no history of hypertension, diabetes, coronary heart disease, or major trauma.

Personal and family history
The patient had no history of smoking or drinking, and no family history.

Physical examination
The systolic and diastolic blood pressure of the patient during admission was 130/80 mmHg. The patient presented with paroxysmal left hemiplegia without obvious inducement. The left limb could not move during the attack and was accompanied by numbness and discomfort on the left face, trunk, upper, and lower limbs; and the patient presented with dizziness. The National Institute of Health Stroke Scale score of the patient was 0.

Laboratory examinations
Routine clinical biochemistry showed normal results.

Imaging examinations
Computed tomography (CT) examination was performed during admission and showed a high-density image of the right frontal-parietal sulcus. Magnetic resonance imaging examination showed a slight increase in the T1 flair and a high T2 flair. Diffusion-weighted imaging (DWI) revealed high signal intensity, whereas susceptibility weighted imaging (SWI) showed slightly increased signal intensity in the right frontal lobe. Machine records activity results indicated short local stenosis of the right anterior cerebral artery of the A3 segment, and magnetic resonance venography revealed a thin contrast in the left transverse sinus and left sigmoid sinus (Figure 1). Severe stenosis was observed in the right anterior cerebral artery A2-A3 junction (stenosis rate approximately 70%), and mild stenosis was observed in the distal end of A3 (stenosis rate approximately 30%) through digital subtraction angiography (DSA) (Figure 2).

MULTIDISCIPLINARY EXPERT CONSULTATION
There is no multidisciplinary expert consultation.
Figure 1 Computed tomography imaging. A and B: Axial computed tomography images showing a high-density image of right frontal-parietal sulcus; C: Magnetic resonance imaging showing slightly elevated T1-flair; D: Elevated T2-flair; E: Diffusion-weighted imaging revealed high signal intensity; F: Susceptibility weighted imaging showing slightly increased signal intensity in the right frontal; G: Machine records activity showing short local stenosis of the right anterior cerebral artery of A3 segment; H: Magnetic resonance venography revealed a thinner contrast in the left transverse sinus and left sigmoid sinus.

Figure 2 Digital subtraction angiography showing severe stenosis in the right anterior cerebral artery A2-A3 junction.

FINAL DIAGNOSIS
The complete evidence supported the final diagnosis of cSAH.

TREATMENT
The patient was given blood pressure monitoring, cerebrovascular spasm prevention (nimodipine), cerebral protection, and other treatments.

OUTCOME AND FOLLOW-UP
The range of brain CT showed bleeding was significantly reduced compared to the previous range after
WJCC A case of nontraumatic convexal subarachnoid hemorrhage

9 d. The patient had no recurrence of paroxysmal left-sided numbness and weakness.

DISCUSSION

cSAH is a subtype of atypical SAH. Approximately 49% of patients with SAH present with TIA-like symptoms; therefore, the actual annual incidence is more than 5.1 cases in every 100000 people[1]. The etiology of cSAH is highly correlated with age, hypertension, coronary heart disease, and diabetes. Common causes of cSAH include cerebral amyloidosis (CAA), reversible cerebral vasoconstriction syndrome (RCVS), cortical vein thrombosis (CoV), intracranial large artery atherosclerosis stenosis or occlusion, moyamoya disease, and vasculitis. Notably, CAA is the main cause, accounting for approximately 39% of all cSAH cases[1]. Transient sensorimotor dysfunction (TFNE) is the main symptom in cSAH patients above 60 years of age, and CAA is the common cause of disease, followed by intracranial atherosclerosis stenosis or occlusion[2,3]. In contrast, headache is the main clinical manifestation in patients under 60 years of age, whereas RCVS and CoVT are the main causes of cSAH in these patients [3]. Nakajima et al.[4-5] reported that more than half of patients with cSAH presented with cerebral vascular occlusion and TFNE and were often misdiagnosed with transient cerebral ischemia. Notably, CAA is a progressive age-related cerebrovascular disease. The severity of the disease increases with age due to deposition of amyloid beta protein in the cortex and leptomeningeal vessels, which is the main cause of cSAH. A previous study reported that TFNE is the main characteristic clinical manifestation of CAA-induced cSAH, followed by cortical superficial siderosis (CSS) and rebleeding[6]. The incidence of hypercholesterolemia is lower in patients with CAA-induced cSAH than in patients with TIA. Cholesterol is negatively correlated with the incidence of nontraumatic intracerebral hemorrhage and aneurysmal hemorrhage[5]. Symptoms of cSAH are paroxysmal and include TIAs, seizures, and TFNE. This indicates that TIA attacks can occur as a result of ischemic infarction or may occur as a clinical manifestation of hemorrhagic stroke.

A previous study reported that hyperacute arterial ischemic stroke occurs in patients within 4.5 h and 6 days after a concurrent rate of cSAH 0.5%[4]. Acute changes in hemodynamics and damage to the blood brain barrier may be important mechanisms for the occurrence of cSAH. The incidence of SAH is associated with cerebrovascular disease risk factors such as hypertension, coronary heart disease, and diabetes, and this relationship can be explained by collateral circulation. ICA stenosis or occlusion and MCA stenosis or occlusion can promote the formation of Willis circle and the opening of PIA meningostomy vessels, respectively[7-8].

CT scan is important for the diagnosis of cSAH. However, the sensitivity of CT decreases after a period of time. Notably, flair is highly sensitive to hemorrhage in the cerebral convexity sulcus and is more effective in the diagnosis of acute and subacute SAH than plain CT scans. DWI and SWI are characterized by high sensitivity and accuracy in the diagnosis of SAH. Cerebrospinal fluid examination cannot confirm the diagnosis of cSAH; however, it helps in determining the etiology of the disease[9]. Notably, DSA is performed to further confirm the diagnosis when the cause of disease cannot be determined through noninvasive examination. Studies report that cSAH may be a marker of vascular fragility and a major risk factor for future lobar hemorrhage[10]. Cortical or watershed subarachnoid hemorrhage may be the result of excessive cerebral perfusion. High-grade stenosis is always a sign of hemodynamic compromise, and collateral circulation might be a predictor of excessive cerebral perfusion[11]. The clinical and imaging findings of the patient in the present study indicate a positive diagnosis of cSAH and rule out the possibility of CAA. The cause of the disease was initially considered to be atherosclerotic stenosis of the large cerebral artery; however, later severe stenosis of the anterior cerebral artery was considered the cause of the present case. It is speculated that the pathogenesis may be severe stenosis of the anterior cerebral artery, which can cause compensatory dilation and vulnerability of cortical lateral branch vessels in the corresponding region, when hemodynamic changes occur, such as a sudden increase in intracranial perfusion pressure, resulting in the rupture of the leptic lateral branch circulation vessels that have already undergone expansion or increased permeability, resulting in bleeding, or the arrival of embolus to the fragile collateral vessels causing blood vessel rupture and causing a small amount of bleeding, which as indicated by DSA examination. Intracranial artery stenosis/occlusion caused by cSAH is common in MCA. In summary, the findings of the present study indicate that ACA stenosis may lead to the occurrence of cSAH.

cSAH is treated using different treatment strategies depending on the cause of the disease. Antiplatelet therapy is used for intracranial artery stenosis or occlusion caused by atherosclerosis, nimodipine is administered for reversible cerebral vasoconstriction syndrome, and steroid hormone is given for the treatment of vasculitis. Symptomatic therapy for cSAH includes reduction of intracranial pressure, anti-epilepsy drugs, and administration of drugs for lowering blood pressure. The prognosis of cSAH depends on the cause, and most patients present with good prognosis. However, CAA-induced intracranial hemorrhage is recurrent and associated with poor prognosis[12].
CONCLUSION

Symptoms of cSAH are complex and not easily detected during clinical investigations. The cause of the disease should be explored to minimize missed diagnosis and misdiagnosis.

FOOTNOTES

Author contributions: Ma WB conceived the study, participated in its design and draft the manuscript; Li B, Chen C and Fan XX collected data; Chen HL helped to draft the manuscript; all authors read and approved the final manuscript.

Supported by: Research Fund of the Department of Science and Technology of Shandong Province, China, No. 2019WS328.

Informed consent statement: Written informed consent was obtained from the patient for publication of this case report.

Conflict-of-interest statement: The authors declare no conflict of interest.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: https://creativecommons.org/Licenses/by-nc/4.0/

Country/Territory of origin: China

ORCID number: Hong-Liang Chen 0000-0001-9434-9796; Bin Li 0000-0002-8721-4356; Chao Chen 0000-0003-0417-3809; Xiao-Xuan Fan 0000-0003-4912-6774; Wen-Bin Ma 0000-0001-5030-0093.

REFERENCES


9. Refai D, Botros JA, Strom RG, Derdeyn CP, Sharma A, Zipfel GJ. Spontaneous isolated convexity subarachnoid hemorrhage
Chen HL et al. A case of nontraumatic convexal subarachnoid hemorrhage


