Reversible cerebral vasoconstriction syndrome can hit twice

Rare cases with recurrent reversible cerebral vasoconstriction syndrome (RCVS) have been published. The authors analyzed the recurrence risk of RCVS in a large Taiwanese cohort; 210 patients with a definite RCVS were followed up during a mean period of about 3 ± 2 years, with slightly less than 20% of cases lost to follow-up, leaving 168 patients for the final analysis.1

The main result is that RCVS can hit twice. Recurrence occurred in a minority of cases (9 of the 168 patients, 5%) with a delay from the first to the second bout ranging from 6 months to 7 years. All initial RCVS were idiopathic. Recurrent RCVS was idiopathic in 8 cases and triggered by a vasoactive drug in one. Both initial and recurrent RCVS were benign, namely, purely cephalalgic without any focal deficit, stroke, or brain edema. Having sexually triggered thunderclap headaches during the initial RCVS was an independent predictor of recurrence.

The observed 5% recurrence rate of RCVS within the first few years applies only to the study population, which included a vast majority of cases with idiopathic and purely cephalalgic RCVS. Follow-up studies of the US2 and the French3 cohorts are awaited to determine the recurrence risk in the more severe cases, namely, those in whom RCVS was associated with headache and cerebral lesions including brain edema, convexity hemorrhage, or parenchymal stroke, and those in whom RCVS occurred postpartum or after drug exposure.

These results should be transmitted to our patients who are often very anxious after recovery from a first RCVS. The majority of patients do well, without recurrence during the first years. However, new thunderclap headaches after a first RCVS should raise suspicion of a recurrence, and prompt new parenchymal and arterial cerebral imaging.


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