

**Ischemic white matter disease (Binswanger's disease)**

Chapter 5

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Summary

Binswanger's disease is frequently characterized by recurrent transient ischemic attacks and small strokes, with reversible hemiparesis and pure motor weakness, uneven reflexes, akinesia, and other mild neurological deficits. In general, Binswanger's disease begins with mild confusion, apathy, personality changes, and memory loss. The diagnosis of Binswanger's disease is confirmed by magnetic resonance imaging (MRI) or computed tomography (CT) based on three findings: diffuse bilateral density reduction in the white matter, especially around the frontal horns of the lateral ventricles; multiple small cysts in the white matter; and expansion of the ventricle volume. The most severe and widespread changes are likely to be seen in patients with malignant hypertension presenting with frequent vascular crises. The most widely criteria for dementia in clinical practice are those proposed by the American Psychiatric Association (DSM IV). Treatment of Binswanger's disease should be directed at the underlying causes, primarily arterial hypertension.