Driving at high speed, a 74-year-old man hit a tree and sustained a bleeding scalp injury. He was unresponsive at the scene of the accident and required intubation and mechanical ventilation. Upon hospital admission, cerebral computed tomography excluded intracranial traumatic lesions but demonstrated extensive symmetrical calcifications of the thalamus, the subcortical white matter and the cerebellar hemispheres, consistent with a condition commonly labelled as “Fahr’s disease”. When extubated a few hours later, the patient was disoriented, but cooperative and without focal neurological deficit. Indirect anamnesis revealed that the patient had worked in a lead ore sintering plant for decades and that following his retirement he had begun to suffer from slowly progressing dementia.

“Fahr’s disease” is used as an umbrella term for a variety of sporadic or familial neurodegenerative conditions characterized by symmetrical intracerebral calcifications of different locations, including the cerebellum, which may be idiopathic or associated with impaired calcium and phosphorous metabolism, e.g., hypoparathyroidism. Neurological and psychiatric symptoms, if present at all, are highly variable and include progressive mental deterioration, convulsive seizures, parkinsonism, dysarthria and ataxia, psychosis and affective disorders. In several instances, “Fahr’s disease” has been reported in association with prior chronic lead exposure, and lead poisoning should be considered as an underlying diagnosis in the presence of otherwise unexplained intracerebral calcifications.