A 60-year-old woman with hypertension was admitted because of dysarthria in July 2003. She had been suffering from headache for one month. MRI revealed a small expanded nodule in the head of the right caudate nuclei (Fig. 1). It was hyperintense on both T1- (left) and T2-weighted (right) images. Bleeding was suspected, however, other causes including tumor could not be excluded at this time. Subsequent angiography showed no abnormality. Her symptom disappeared gradually without any treatment. Four weeks later, T2*-weighted gradient echo (GRE) MRI was performed (Fig. 2). Many small round lesions with signal loss were found in the head of the caudate nuclei (left), and in other deep structures (right). Such multifocal small hypointense lesions on T2*-weighted GRE MRI are made from hemosiderin after microbleeding. These microbleedings sometimes occur in patients with hypertension. She was diagnosed as having microbleeding due to hypertension. Although microbleeding in the head of the caudate nuclei is uncommon, it should be always considered in patients with hypertension. T2*-weighted GRE MRI was very useful in confirming the diagnosis.

**Figure 1.** Brain MRI demonstrating a small expanded nodule arising in the head of the right caudate nuclei. The nodule was visualized as a hyperintense signal on both T1- (left) and T2-weighted (right) images.
Figure 2. Follow-up T2*-weighted GRE MRI that was taken four weeks later. T2*-weighted GRE MRI shows a spotty lesion with signal void in the head of the right caudate nuclei (left) and many other similar lesions (right).