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【 PICTURES IN CLINICAL MEDICINE 】

Multiple Hemorrhagic Cerebral Cortical Lesions in Neuro-Behçet's Disease

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Key words: neuro-Behçet's disease, intracranial hemorrhage, cerebral venous thrombosis, magnetic resonance imaging

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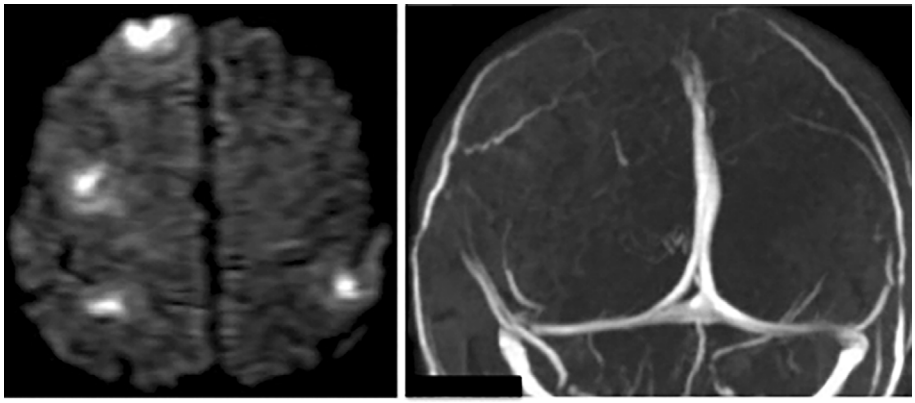
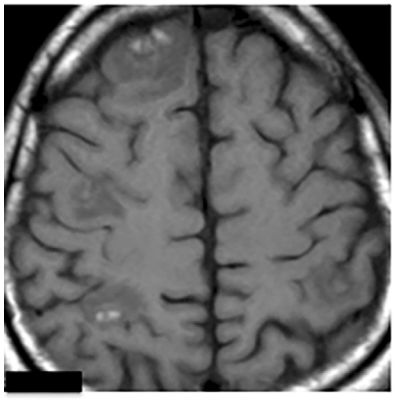
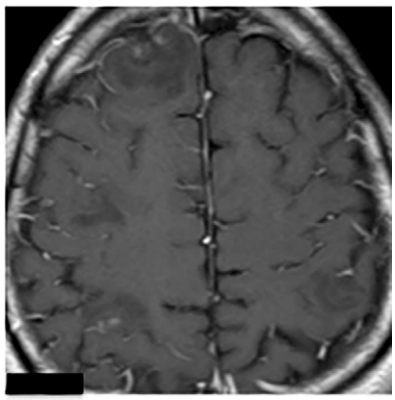


Picture A: DWI

Picture B: MR venography



Picture C: T1WI



Picture D: gadolinium T1WI

Picture

A 27-year-old Japanese man presented with erythema nodosum and consciousness opacity of four days in duration. He had panuveitis and fever. A cerebrospinal fluid (CSF) analysis revealed 100/mm^3 pleocytosis (polynuclear cells, 87%) and the elevation of interleukin-6 (5,630 pg/mL). Brain MRI demonstrated multiple hemorrhagic cerebral cortical lesions with gadolinium enhancement (Picture A, DWI; C, T1WI; D, gadolinium T1WI), but normal MR venography (Picture B). Cerebral venous thrombosis was not proven. The patient was positive for human leukocyte antigen-B51. He did not completely fulfil the International Study Group criteria for acute neuro-Behçet's disease

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(NBD) (1) because he lacked oral ulceration; however, the acute onset of neurological symptoms and CSF pleocytosis of >6.2/mm^3 both matched the criteria. He was treated with prednisolone (1 mg/kg/day; the dose was tapered by 5 mg per month and reduced to 5 mg/day over two years) and infliximab (5 mg/kg bimonthly) for one year, which resulted in remission. Although cortical lesions are rare in NBD (2), it is important to consider NBD when such atypical lesions are encountered.

The authors state that they have no Conflict of Interest (COI).

References

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