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## Conclusions

PML is a life threatening condition often complicated by PML-IRIS in patients ongoing immunosuppressive treatment. PML cases under Daratumumab has been rarely reported. Since no specific PML treatment are available the unique treatment approach for such a condition is the restoration of the host's adaptive immune response. A close proactive surveillance aimed to an early diagnosis allowing early treatment discontinuation is challenging for hematologists and neurologists.

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## 118917

### Shower like pattern of central nervous system tuberculoma

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#### Background and aims

Tuberculosis (TB) is an infectious disease caused by *Mycobacterium tuberculosis*, which adds considerably to global morbidity and mortality. Intracranial tuberculoma remains a significant cause of intracranial mass lesion. It can occur anywhere in the brain with diverse clinical symptoms. Disseminated tuberculosis resulting from the lymphohematogenous spread of *Mycobacterium tuberculosis* in two or more contiguous sites is a debilitating disease. Although frequently reported in immunocompromised patients, we encountered a case of disseminated tuberculosis with pulmonary and renal involvement and multiple intracranial tuberculoma in an immunocompetent patient.

#### Methods

Case Report.

#### Results

A 48-year-old gentleman, hypertensive for five years, presented with acute onset gait unsteadiness which was slowly progressive for the past 10 days. He was getting tired of doing his everyday routine tasks, and he had the tendency to sway to the side while walking. CNS examination revealed bilateral cerebellar signs with brisk deep tendon reflexes. MRI brain with contrast showed multiple ring-enhancing lesions of varying size in the bilateral cerebellar, cerebral hemisphere, and in the brainstem with perilesional edema. CT chest showed non-homogeneous density in the left upper lobe with small cavities and reticulonodular densities in bilateral lung fields with adjacent pleural thickening. Based on the clinical history, examination, and imaging findings, anti-tuberculous drugs and steroids were initiated. His MRI was repeated after 3 months which showed resolution of lesions along with clinical improvement.

#### Conclusions

Our case report highlights the extensive involvement of CNS tuberculosis in an immunocompetent individual and prompt resolution of clinical symptoms and recovery with appropriate treatment.

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## 118918

### Acute lyme neuroborreliosis following COVID-19 vaccination: Just an unlucky temporal correlation?

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#### Background and aims

Diagnosis of Neuroborreliosis is often challenging and requires an extensive investigation, especially in atypical cases. Herein we report a case of rhombencephalitis developed eight days after Vaxzeria vaccine. Criteria of possible acute Neuroborreliosis were fulfilled and other causes ruled out.

#### Methods

A 38 years-old healthy woman was admitted to emergency room for fever, drowsiness and mental confusion. The day after her symptoms worsened and neurological examination revealed mild deficit of right VII cranial nerve, ataxia, dysphagia and slurred speech. A diagnosis of rhombencephalitis was made. Lumbar puncture showed lymphocytes pleocytosis (119 white cells/mm<sup>3</sup>) and mild increase of proteins (53 mg/dL, range 15–45), while cerebral MRI was negative. Impairment of bilateral R2 response at blink reflex confirmed a brain stem involvement. A broad microbiological and immunological search performed on serum and CSF was unremarkable, except IgM for Borrelia (both enzyme immunoassay and immunoblot) and *Coxiella Burnetii*. Borrelia specific intrathecal antibody and polymerase chain reaction on CSF resulted negative, CXCL13 was not performed. Acyclovir and ampicillin treatment were started and when microbiological result was available we switched treatment to parenteral ceftriaxone.

#### Results

Symptoms drastically improved in the following three weeks and patient was thereafter discharged with only mild cerebellar signs.

#### Conclusions

Clinical course and response to antibiotic treatment support diagnosis of acute Lyme Neuroborreliosis, in addition IgM positivity for *Coxiella Burnetii* is a further clue for previous exposure to tick borne. The covid-19 vaccination doesn't seem to have a casual correlation, but immune system engagement may have had a role.

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## 118919

### Primary whipple disease of the brain: Case report with long-term clinical follow-up

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#### Background and aims

Whipple disease (WD) is a rare multisystem disorder caused by infection with *Tropheryma whippelii*. Central nervous system involvement is a quite common feature observed in 20–40% of cases, whereas only 4% of patients has an exclusively neurological presentation.

#### Methods

We linked the information about our patient with a literature review of patients with WD with neurological manifestations to