

[PICTURES IN CLINICAL MEDICINE]

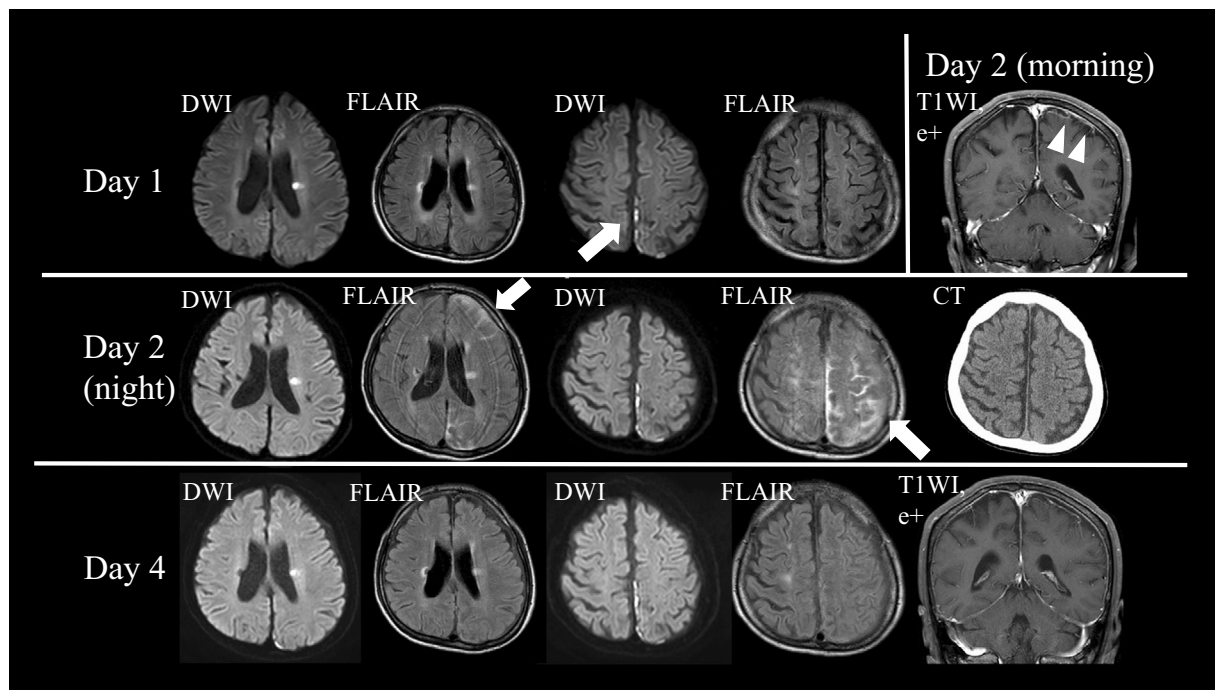
Rapidly Progressive Systemic Lupus Erythematosus-related Meningitis with Asymmetric Magnetic Resonance Imaging Findings

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Key words: NPSLE, aseptic meningitis, FLAIR, subarachnoid hyperintensity, subarachnoid hemorrhage

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Picture.

A 42-year-old man with systemic lupus erythematosus (SLE) was admitted with right hemiataxia. In addition to acute infarction in the left corona radiata, subdural diffusion-weighted imaging (DWI) hyperintensity and subtle enhancement in the left subarachnoid space were detected (Picture, upper panels; arrow and arrowheads, respectively). Eleven hours later, he rapidly fell into a confused state with a preceding headache and fever. Broad fluid-attenuated inversion recovery (FLAIR) hyperintensity in the left subarachnoid space newly appeared (Picture, middle panels, arrows), but hemorrhage was excluded by computed tomography. SLE-

related meningitis was considered, and steroid pulse therapy was started. He recovered fully by the next morning. Follow-up magnetic resonance imaging (MRI) two days later showed marked improvement (Picture, lower panels). Cerebrospinal fluid culture revealed negative findings. MRI abnormalities in SLE-related meningitis are rarely reported, and diffuse or bilateral subarachnoid FLAIR hyperintensity was observed in all four cases (1). The differential diagnoses of subarachnoid FLAIR hyperintensity have been reviewed elsewhere (2). The asymmetric subarachnoid FLAIR hyperintensity with subdural DWI hyperintensity in our case sug-

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gested a possibility of rheumatoid meningitis (3), but rheumatoid arthritis was excluded clinically and serologically. The rapid progression and drastic response to the steroid therapy were also impressive and were not described in the previous report (1).

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

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