Figure. Axial section (A) of fluid-attenuated inversion-recovery (FLAIR) image and coronal section (B) of T2-weighted image. Bilateral hypothalamic plaque is demonstrated as a median high intensity area (arrow).

Hypersomnia in MS

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Focal lesions can cause narcolepsy.^{1,2} A 22-year-old woman with MS developed acute hypersomnia. Her first episode of MS occurred 9 months previously, when she presented with internuclear ophthalmoplegia and left

homonymous hemianopsia; this episode reversed. She did not have sleep paralysis, hypnagogic hallucinations, or cataplexy. Brain MRI (figure) showed a new plaque via tuber cinereum through bilateral hypothalamus, in addition to multiple plaques in other regions but not in the brainstem. Because orexin was undetectable (<40 pg/mL) in the CSF, we presume that this hypothalamic plaque caused hypersomnia, which improved in several weeks.

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