Figure. (A) Axial T1-weighted MRI of the brain showing symmetric parieto-occipital atrophy without subcortical signal change, frontal atrophy, or hippocampal atrophy (not shown). (B) Diffusion-weighted MRI showing "ribbon-like" cortical hyperintensity, consistent with acute cortical injury commonly seen in the early stage of Creutzfeldt-Jakob disease.

Creutzfeldt-Jakob disease manifesting as posterior cortical dementia

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A 70-year-old right-handed woman developed left hemineglect. Her memory, insight, and judgment were normal, but dressing apraxia, acalculia, and Balint syndrome were observed, consistent with posterior cortical dementia (PCD).¹ MRI demonstrated atrophy of the parieto-occipital cortices (figure, A), where cortical

hyperintensity by diffusion-weighted imaging (DWI) coexisted (see figure, B).² The diagnosis of probable Creutzfeldt-Jakob disease (CJD) by World Health Organization criteria was made by the elevated 14-3-3 protein in CSF, subsequent akinetic mutism, and EEG changes. Since Alzheimer disease, CJD, and other neurodegenerative diseases may manifest as PCD, DWI of MRI and CSF 14-3-3 protein may help differentiate these etiologies and avoid risk of transmission from a patient with CJD.

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