A 78-year-old healthy woman presented with abulia, aphasia, and echopraxia for 1 week. MRI of the brain with contrast (Figure 1) revealed radial perivascular enhancement perpendicular to the ventricles. CSF showed 16 white blood cells (normal 0–5/μL), 1.18 g/L proteins (normal <0.45 g/L), CD4/CD8 ratio of 14.7, and no neoplastic cells. Extensive autoimmune, infectious, and neoplastic workup was unremarkable. CSF and serum glial fibrillary acidic protein (GFAP) immunoglobulin G were negative. Brain biopsy (Figure 2) confirmed neurosarcoidosis. After corticosteroid treatment, MRI was normalized (Figure 1) and the patient substantially improved; however, she remained disabled with a multidomain cognitive impairment.
This linear radial periventricular enhancement pattern on MRI brain is a hallmark of autoimmune GFAP astrocytopathy¹ and can also be seen with intravascular lymphoma, CNS vasculitis, and neurosarcoidosis,² which are advisable to include in the differential diagnosis of patients with this MRI pattern, negative GFAP workup, and no evidence of malignancy.

**Author Contributions**
A. Costa: drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data; study concept or design. C. Silva: drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data. R. Taipa: major role in the acquisition of data; analysis or interpretation of data. J.P. Gabriel: drafting/revision of the manuscript for content, including medical writing for content. M. Mendes: drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data.

**Study Funding**
No targeted funding reported.

**Disclosure**
The authors report no relevant disclosures. Go to Neurology.org/N for full disclosures.

**Publication History**
Received by Neurology April 4, 2023. Accepted in final form July 19, 2023. Submitted and externally peer reviewed. The handling editor was Resident and Fellow Section Editor Whitley Aamodt, MD, MPH, MSCE.

**References**
Teaching NeuroImage: Perivascular Radial Enhancement in Neurosarcoidosis
André Costa, Catarina Silva, Ricardo Taipa, et al.
*Neurology* 2023;101:e1948-e1949 Published Online before print August 29, 2023
DOI 10.1212/WNL.0000000000207830

This information is current as of August 29, 2023

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