Reversible brachial diplegia in a case treated with cyclosporine

Figure Axial MRI FLAIR, diffusion-weighted images, and ADC map

Axial MR FLAIR sequences show high signal intensity in both posterior frontal regions involving prerolantic cortex and subcortical white matter (A). Repeat MRI with no abnormalities (B). Diffusion-weighted images revealed a signal hyperintensity of the affected areas (C) with increases in apparent diffusion coefficient indicative of vasogenic edema (D).

A 32-year-old woman with leukemia underwent allogenic bone marrow transplantation and was subsequently treated with cyclosporine A (CsA) and prednisone. Three weeks after initiation of treatment the patient presented with acute onset of brachial diplegia. NCS MG studies and cervical MRI were negative. Brain MRI revealed increased signal limited to the prerolantic regions, bilaterally (figure, A). CsA treatment was interrupted, and the brachial diplegia improved within a few days. A repeated MRI revealed no abnormalities (figure, B).

CsA induces neurotoxicity in 40% of patients.¹ Most of the neurologic side effects of CsA involve the CNS.¹ However, the involvement limited to the prerolantic areas has not been observed to date.

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