A 21-year-old man with headache, vomiting, and limb weakness presented to the clinic 2 years ago. An examination showed paresthesia and weakness in left upper and lower limbs. An examination of the brain MRI demonstrated a large space-occupying lesion with ring enhancement and compression of the right fronto-temporal-parietal lobes (Figure 1, A and B). The patient underwent surgery for a presumed glioblastoma. Pathologic examination revealed primary central vasculitis (PCNSV) without neoplasm (Figure 2). His screening workup for systemic vasculitis showed negative results. Symptoms improved after a corticosteroid taper. After stopping immunosuppressive therapy for 1 year, new lesions were found again in the right frontotemporal lobe (Figure 1, C and D). Corticosteroids and mycophenolate mofetil were given, and the patient’s symptoms significantly improved and lesions on MRI had subsided significantly (Figure 1, E and F). MRI findings of PCNSV.
frequently present as nonspecific white matter lesions.\(^1\) It can mimic glioblastoma,\(^2\) CNS lymphoma, and tumefactive multiple sclerosis.\(^1\)

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**Author Contributions**
H. Sun: drafting/revision of the article for content, including medical writing for content; major role in the acquisition of data; study concept or design; and analysis or interpretation of data. S. Zhang: analysis or interpretation of data. T. Yu: analysis or interpretation of data. D. Zhou: drafting/revision of the article for content, including medical writing for content; major role in the acquisition of data. J. Li: drafting/revision of the article for content, including medical writing for content; major role in the acquisition of data; and analysis or interpretation of data.

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**References**

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