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Neuro*Images*

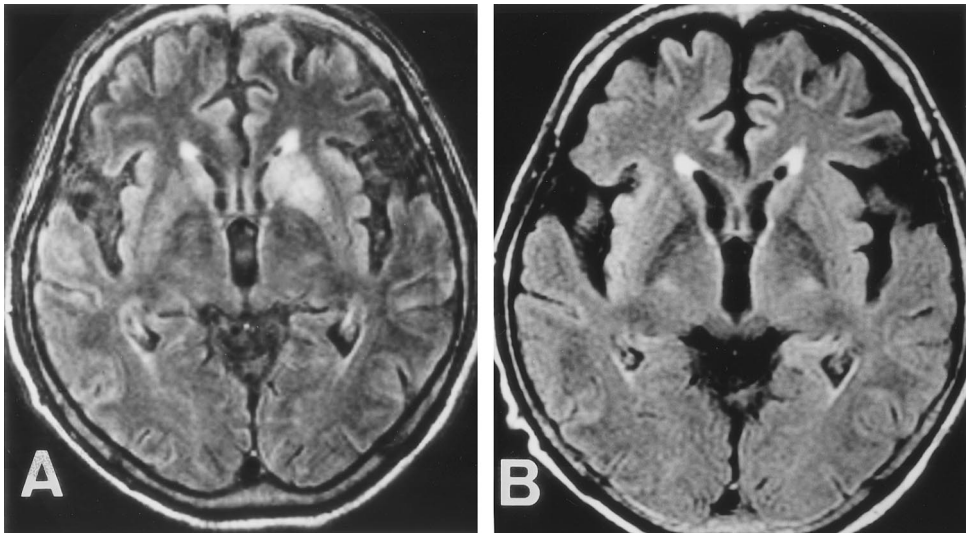

Figure. Axial fluid-attenuated inversion recovery (FLAIR) brain MRI showed hyperintense signals in bilateral caudate and the left putamen nuclei (A), but no medial temporal lobe abnormalities. No abnormal contrast enhancement was observed (not shown). After six cycles of chemotherapy (carboplatin and etoposide), MRI revealed complete disappearance of the brain lesions (B).

Paraneoplastic striatal encephalitis

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A 56-year-old man presented with abulia, muscle weakness, and hyporeflexia. The chest CT showed mediastinal lymphadenopathy. Serum titers of anti-P/Q-type-voltage-gated calcium channel, pro-gastrin-releasing-peptide, and anti-Hu antibody were elevated. MRI demonstrated hyperintense signals in the basal ganglia (figure). An EEG showed no evidence of seizures. He was diagnosed with paraneoplastic syndrome with small cell lung cancer (stage IIIA, limited disease). After chemotherapy, he had complete response and his neurologic deficits improved. The MRI lesions disappeared (see the figure). Selective involvement of the basal ganglia in paraneoplastic encephalitis is rare.[1] Chorea, reported in other cases,[1] was not observed but abulia was present in our case.[2]

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