Multifocal myelitis in Behçet’s disease

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A diagnosis of Behçet disease was made in a 26-year-old human leukocyte antigen-B51-positive Turkish man presenting with recurrent oral aphthosis, spastic paraparesis, and a sensory level at D10. CSF contained 168/μL white cells. Results on cranial MRI were normal. After 6 weeks of treatment with IV methylprednisolone followed by oral prednisolone and azathioprine, the clinical symptoms had largely resolved (figure), and CSF contained 8/μL white cells.

Behçet disease is a systemic granulomatous disorder frequently affecting the nervous system with predominant involvement of the brainstem and cerebral hemispheres. Isolated multifocal spinal cord involvement is a previously undescribed manifestation of Behçet disease.

Figure. Sagittal T2- and T1-weighted fast spin echo images of the cervical and upper thoracic spine reveal multiple contrast-enhancing intramedullary lesions (A, B). Follow-up MRI after 6 weeks of treatment demonstrates blurring of the lesions on T2-weighted images (C) and regression of contrast enhancement on T1-weighted images (D).

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