Tumefactive neuro-Behçet disease

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A man aged 23 years, with a previous clinical diagnosis of Behçet disease (recurrent genital and oral ulceration and papulopustular rash), sought treatment for a 3-week history of headache, fever, and progressive right-sided weakness. Clinical examination revealed a right homonymous hemianopia and mild right spastic hemiparesis. Clinical examination revealed a right homonymous hemianopia and mild right spastic hemiparesis. MRI of the brain showed a mass lesion involving the left temporal lobe with signal change extending into the left cerebral peduncle, thalamus, internal capsule, basal ganglia, and corona radiata posteriorly (figure, A and B). Stereotactic-guided biopsy of the left temporal lesion was performed, and histologic examination revealed a perivascular inflammatory infiltrate but no neoplasia. There was a clinical and radiologic response to treatment with prednisolone and azathioprine.

The most common lesions in CNS neuro-Behçet disease are multiple small T2 hyperintensities, predominantly at the mesencephalodiencephalic junction, but such lesions were not seen in this case.1 Large masslike lesions on CT or MRI are extremely rare, and stereotactic biopsy should be considered in this situation.2

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