Large thalamic mass due to neuro-Behçet disease

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A 39-year-old Caribbean man was transferred for biopsy of a "brain tumor." He had subacutely developed a mild right sensorimotor hemiparesis with hyperreflexia, severe right-sided dysmetria and dysdiadochokinesia, and an ataxic gait. Further questioning revealed a 5-year history of Behçet disease with oral and genital ulcers, recurrent aseptic meningitis, and episodes of diplopia and dysarthria. The patient had discontinued his steroids several months before presentation. Monthly IV pulse therapy with cyclophosphamide and dexamethasone improved his clinical status significantly. The rare, tumor-like intraparenchymal lesions in neuro-Behçet (figure) show MRI characteristics similar to those of the commonly seen, smaller intraparenchymal lesions.1


Figure. (A) Axial brain MRI post–contrast T1-weighted image showing a lesion in the left thalamus with patchy contrast enhancement and mass effect. (B, C) Axial fluid-attenuated inversion recovery (FLAIR) images demonstrate a large high signal intensity lesion of the left thalamus. (D) Coronal T2-weighted image shows extensive areas of high signal intensity with extension into the cerebral peduncle and the midbrain. Similar MRI characteristics of a tumor-like lesion in neuro-Behçet have been described in one Turkish patient. (E, F) Axial FLAIR images 3 weeks after the first monthly pulse of cyclophosphamide and IV steroids demonstrate rapid resolution of the lesion.
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