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 sensori-motor 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

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