A 22-year-old man presented with right-sided hemihypesthesia and transient aphasia after a month of progressive bilateral visual loss. MRI on admission revealed ischemic stroke in the left middle cerebral artery (MCA) territory and MCA stenosis, which was confirmed by ultrasound and conventional angiography (figure 1). Diagnostic workup was unremarkable except for CSF pleocytosis (16 leukocytes). Ophthalmologic examination, including fluorescein angiography, diagnosed acute posterior multifocal placoid pigment epitheliopathy (figure 2), a rare disorder of the choroid and retina that can also be associated with CSF pleocytosis, cerebral artery stenoses, and stroke. The patient was treated with corticosteroids and azathioprine and recovered without sequelae.

**AUTHOR CONTRIBUTIONS**

Bastian Volbers: designed the research, collected the data, and drafted the manuscript. Kristine Kaldefoss: collected the data and critically revised the manuscript. Antonio Bergua: collected the data and critically revised the manuscript. Stephan Kloska: collected the imaging data and critically revised the manuscript. Stefan Schwab: collected the data and critically revised the manuscript. Martin Köhrmann: designed the research, collected the data, and drafted the manuscript.

**REFERENCES**

Funduscopy showed typical white dots (left arrows) with retinal pigment epithelium scar formation (A). Fluorescein angiography demonstrated hypofluorescent lesions characteristic of acute posterior multifocal placoid pigment epitheliopathy in the early phase (B) with late hyperfluorescence of the chorioretinal scar near the macula (C).
Teaching NeuroImages: Stroke and bilateral visual loss in a young adult: More than coincidence
B. Volbers, K. Kaldefoss, A. Bergua, et al.
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