A 35-year-old Filipino man had acute visual loss, tinnitus, dysacusis, and severe horizontal vertigo. Examination revealed bidirectional gaze-evoked nystagmus and panuveitis with bilateral inferior serous retinal detachments (figure 1) characteristic of Vogt-Koyanagi-Harada disease. Brain MRI demonstrated mesencephalic, pontine, and cerebellar leptomeningeal enhancement (figure 2). There was cerebrospinal lymphocytic pleocytosis. Following IV Solu-Medrol, his fundus was significantly improved.

Vogt-Koyanagi-Harada disease is a uveomeningeal syndrome of panuveitis with bullous serous retinal detachment, meningitis, and dysacusis. Although the targets of inflammation, melanin-containing cells, are predominantly located over the ventral medulla, our patient demonstrated a ponto-mesencephalic and cerebellar predilection of inflammation.
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Figure 2  Gadolinium-enhanced MRI of the brain

(A) Axial, (B) coronal, and (C) sagittal gadolinium-enhanced magnetic resonance brain images demonstrate leptomeningeal enhancement of the midbrain (arrow), ventral pons (outline arrow), and cerebellum (arrowheads).
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