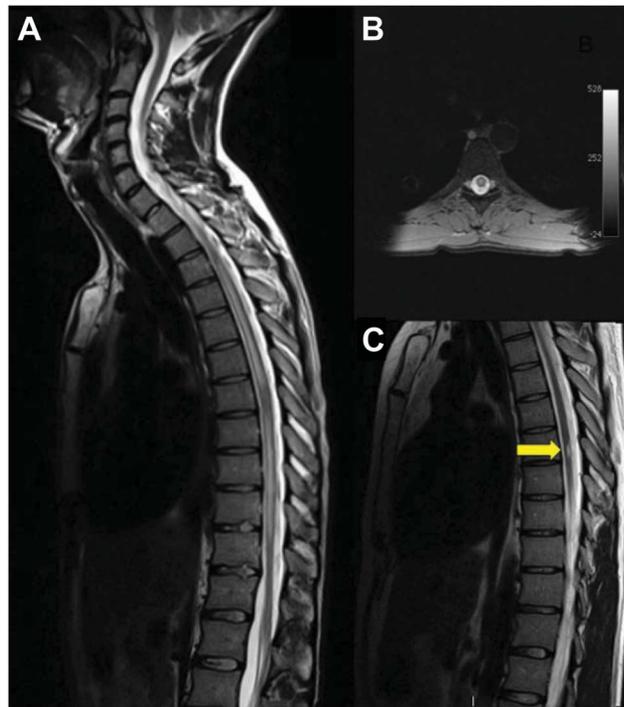


Teaching NeuroImages: Longitudinally extensive transverse myelitis in neuro-Behçet disease

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Figure MRI



(A) Sagittal T2-weighted image shows abnormal signal from T3 to L2. (B) Axial image shows abnormal enhancement post IV contrast. (C) Sagittal T2 image 10 months postdiagnosis demonstrates a single area of gliosis (arrow) without enhancement.

A 25-year-old man presented with subacute spastic paraparesis. He reported 2 previous episodes of spastic paraparesis with partial recovery. Recurrent oral and genital ulceration, pustular skin eruptions, and fever coexisted. Profound motor weakness, a sensory level at T10, oral ulceration, and a pustular eruption on the anterior abdominal wall were noted. Marked neutrophilia was noted in both blood and CSF. Neuromyelitis optica-immunoglobulin G autoantibody was negative. MRI (figure) demonstrated marked inflammatory changes. IV and oral steroids, followed by 6 months of pulsed IV cyclophosphamide, resulted in marked clinical improvement. Neuro-Behçet disease lies within the clinical differential for longitudinally extensive transverse myelitis.^{1,2}

AUTHOR CONTRIBUTIONS

Deirdre Graham: drafting/revising the manuscript for content, including medical writing for content; study concept and design, analysis and

interpretation of data. Allan McCarthy: drafting/revising the manuscript for content, including medical writing for content; study concept and design, analysis and interpretation of data. Eoin Kavanagh: original interpretation and analysis of radiologic data. Killian O'Rourke: original interpretation and analysis of radiologic data. Timothy Lynch: drafting/revising the manuscript for content, including medical writing for content; study concept and design, analysis and interpretation of data.

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