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

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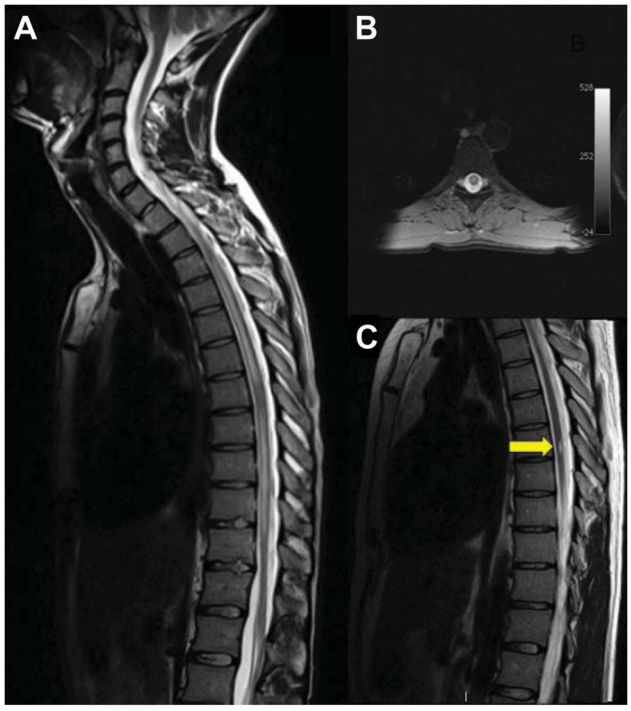
Figure MRI



(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.

STUDY FUNDING

No targeted funding reported.

DISCLOSURE

D. Graham, A. McCarthy, and E. Kavanagh report no disclosures. K. O'Rourke has accepted honoraria for consultative work undertaken for Merck-Serono, Novartis, Biogen Idec, and Teva Pharmaceuticals. T. Lynch has received consulting fees or has been on paid advisory boards for the past 2 years for Abbott, Novartis, UCB Pharma, Teva, Merck Serono, and Biogen Idec. He has received lecture fees when speaking at the invitation of the following commercial sponsors: Lundbeck and UCB Pharma. Go to Neurology.org for full disclosures.

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Neurology 2013;80;e189-e190
DOI 10.1212/WNL.0b013e3182904d2e