A 9-month-old girl presented with psychomotor regression and acquired microcephaly beginning at age 6 months. Clinical evaluation showed axial hypotonia and increased muscle tone in all limbs, brisk tendon reflexes, and absent head control. Peripheral neuropathy was evident on neurophysiologic studies. Brain and spine MRI findings are shown in the figure. Molecular analysis identified homozygous c.162delT mutation in the \textit{ERCC8} gene, confirming the diagnosis of Cockayne syndrome (CS).\textsuperscript{1} Cranial nerve and cauda equina contrast enhancement (CE) might be related to either altered vascular permeability due to perivascular inflammation or to areas of active myelin breakdown. CS should be included in the differential diagnosis of infantile-onset white matter disorders with positive CE.\textsuperscript{2}

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\textbf{Figure MRI findings}

(A) Symmetrical T2 hyperintensity involving the deep cerebral white matter (open arrows). There is a subtle pattern of radiating stripes. Overall myelination is delayed for the age of the child. (B-E) Contrast-enhanced T1-weighted images show enhancing cranial nerves VII–VIII, V, III, and cauda equina nerve roots (thin arrows).

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