A 79-year-old woman developed subacute progressive gait instability. Brain MRI demonstrated patchy nodular enhancement within the brainstem and cerebellum (figure). Brain biopsy was consistent with chronic lymphocytic inflammation with pontine perivascular enhancement responsive to steroids syndrome (CLIPPERS).\(^1\) Questioning revealed shortness of breath (figure, video). Blood gas on room air revealed pH 7.59, PaCO\(_2\) 16, PaO\(_2\) 103, and HCO\(_3\) 15.

Central neurogenic hyperventilation, often associated with brainstem lymphoma, rare in noncomatose patients, and never described in CLIPPERS, results from released respiratory inhibition from medial pontine nuclear damage.\(^2\) Being comfortably tachypneic can be due to a pontine lesion.

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