Teaching *NeuroImages*: Posterior reversible encephalopathy syndrome resulting in hydrocephalus

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A woman with prior lung transplantation presented with headaches, seizure, and obtundation. Head MRI (figure) revealed obstructive hydrocephalus and hyperintensity on T2-weighted imaging in the bilateral thalami and brainstem. Management included antiepileptic medications, ventriculostomy placement, and cessation of tacrolimus for concern of atypical posterior reversible encephalopathy syndrome (PRES). Infectious and paraneoplastic etiologies were ruled out. An autoimmune process was unlikely due to immunosuppression. There was rapid clinical improvement with repeat MRI revealing resolution of hydrocephalus and T2 changes. Hydrocephalus is a rare but devastating

complication, which should be considered in posterior fossa dominant PRES.^{1,2} Early recognition is critical to ensuring recovery.

AUTHOR CONTRIBUTIONS

Dr. Paolini: drafting the manuscript, analysis or interpretation of data, acquisition of data. Dr. Jadhav: revising the manuscript, analysis or interpretation of data.

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Figure Brain MRI pre- and posttreatment

Day 1 reveals obstructive hydrocephalus in addition to hyperintensity on T2-weighted imaging in the bilateral thalami, midbrain, and pons. Day 7 shows repeat MRI 6 days later with resolution of hydrocephalus and near total resolution of hyperintensity on T2-weighted imaging. FLAIR = fluid-attenuated inversion recovery.

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