Exceptional involvement of medulla oblongata in Wilson disease

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Figure 1 Brain magnetic resonance sagittal T2-weighted fluid-attenuated inversion recovery (FLAIR) image demonstrates hyperintensity in the medulla oblongata and the mesencephalon

A 19-year-old man presented with a 1.5-month history of hypokinetic dysarthria, slight hypokinesia, and micrographia. Brain MRI showed fluid-attenuated inversion recovery (FLAIR) (figure 1) and T2 (figure 2) hyperintensities in the medulla oblongata and the mesencephalon. Copper tests reported high 24-hour urinary copper excretion, low serum copper, low ceruloplasmin, and high exchangeable copper. Kayser-Fleischer rings were present. ATP7B genetic analysis confirmed the diagnosis of Wilson disease (WD) with the presence of 2 mutations.

Brain MRI of patients with WD with neurologic phenotype commonly displays T2 or FLAIR bilateral hypersignal in the basal ganglia, mainly the putamen.^{1,2} Medulla oblongata involvement is exceptional and should not challenge the diagnosis of WD.

Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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Figure 2 Brain magnetic resonance axial T2-weighted image shows symmetric hyperintensity in the medulla oblongata

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Appendix Authors

Name	Location	Role	Contribution
Aurélia Poujois, MD, PhD	Neurology Department and National Reference Centre for Wilson's Disease, AP-HP, Lariboisière University Hospital, Paris, France	Author	Concept and study design, interpretation of data, drafting the manuscript
Antoine Guillonnet, MD	Neuroradiology Department, AP-HP, Lariboisière University Hospital, Paris, France	Author	Acquisition and interpretation of radiologic data, revising the manuscript for intellectual content
France Woimant, MD	Neurology Department and National Reference Centre for Wilson's Disease, AP-HP, Lariboisière University Hospital, Paris, France	Author	Interpretation of data, revising the manuscript for intellectual content

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