

Diagnostic challenge

A case of late-onset spinal form cerebrotendinous xanthomatosis

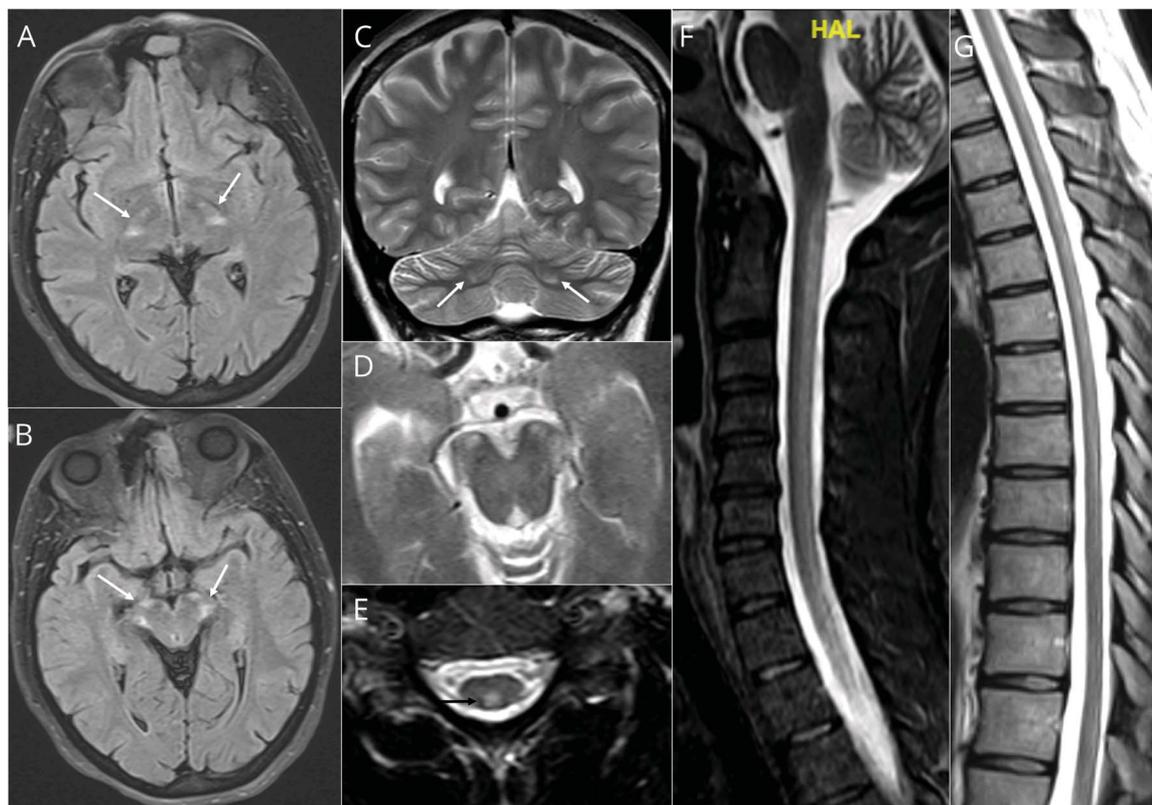
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Figure Imaging



Axial fluid-attenuated inversion recovery (A, B) and T2-weighted (D) MRI show bilateral symmetrical hyperintensity in internal capsule and crus cerebri; T2-weighted images demonstrate longitudinally extensive hyperintensity within dorsal columns (E-G) and mild hyperintensity in both dentate nuclei (C) (arrows), strongly suggesting radiologic diagnosis of the spinal form of cerebrotendinous xanthomatosis.

A 42-year-old woman was admitted with lower extremity weakness slowly progressing over 10 years. Examination showed spastic paraparesis, deep sensory deficit on legs, and mild intentional tremor of hands. Extensive serum and CSF analyses were unremarkable. Bilateral symmetrical internal capsule, crus cerebri, and longitudinal spinal cord lesions and particularly slight involvement of dentate nuclei on MRI (figure), together with history of parental consanguinity, suggested spinal form of cerebrotendinous xanthomatosis, despite absence of all cardinal systemic features, including xanthomas.¹ Diagnosis was revealed by high plasma cholestanol level (15 µg/mL, normal range 0.45–3.75) and novel homozygous mutation (p.L524R [c.1571T > G]) on *CYP27A1* gene by DNA sequencing. Chenodeoxycholic acid treatment was started.

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Disclosure

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

Reference

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Appendix Authors

Name	Location	Role	Contribution
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Aslı Tuncer, MD	Hacettepe University, Ankara	Author	Examined the patient, planned the evaluation for differential diagnosis, revised the manuscript
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