A 15-year-old boy had acute-onset encephalopathy following a viral prodrome, associated with frequent, dramatic yawning without EEG change (video). There were no focal deficits on examination. CSF protein elevation (1.72 g/L) without pleocytosis, brain MRI (figure), and significant improvement following methylprednisolone were consistent with acute disseminated encephalomyelitis (ADEM). Pathologic yawning is described in other demyelinating diseases, neuromyelitis optica spectrum disorder and multiple sclerosis, but is rarely reported with ADEM. Although prior reports postulated that brainstem and hypothalamic lesions are responsible, yawning is a complex reflex mediated by both supratentorial and infratentorial structures; its precise localization is not yet defined.2

Figure Brain MRI

Axial views show normal T1 (A), asymmetric T2 (B), and fluid-attenuated inversion recovery (FLAIR) (C) hyperintensity of the dorsal brainstem involving the reticular formation (arrowheads) at the level of cranial nerves V, VI, and VII nuclei, and T2 and FLAIR hyperintensity of the bilateral, left more than right, insula (arrows).
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References
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