A 79-year-old woman developed infectious periaortitis after an abdominal aortic aneurysm repair. A month later, she exhibited vertigo, dysarthria, and unsteady gait, progressing to inability to stand, painful paresthesia, and disorientation. Her examination showed dysmetria, dysdiadochokinesia, and severe cerebellar ataxia. She underwent extensive laboratory investigations, including autoimmune and paraneoplastic panels. Prominent dentate hyperintensity on T2-weighted and fluid-attenuated inversion recovery sequences had been overlooked (figure). The cerebellar syndrome, and the abnormal dentate signal, resolved within 15 days after metronidazole discontinuation (B), the signal in the dentate had normalized.

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### Appendix (continued)

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### References

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