A healthy 53-year-old man developed acute flaccid paraplegia, spinal sensory level, and urinary retention. Examination revealed bilateral pronator drift. MRI demonstrated demyelinating non-enhancing lesions involving corticospinal tracts (CSTs), middle cerebellar peduncles, and spinal cord (figure 1). CSF analysis disclosed lymphocytic pleocytosis and mildly elevated protein.
Euroimmun fixed cell-based assay for serum anti–myelin oligodendrocyte glycoprotein (MOG) and anti–aquaporin-4 (AQP4) antibodies showed low positivity for MOG immunoglobulin G (IgG) (1:10). Treatment with high-dose glucocorticoids and IV immunoglobulin was effective (figure 2). Long CST lesions were found in anti–AQP4 IgG–seropositive neuromyelitis optica spectrum disorders.1 Bilateral extensive lesions following CST are an overall finding in MOG-related CNS autoimmunity.2

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

References
Bilateral extensive corticospinal tract lesions in MOG antibody–associated disease
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