MRI findings in a child with neuromelioidosis

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Neurology® 2020;95:836-837. doi:10.1212/WNL.00000000000010835

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Figure MRI brain of index child with neuromelioidosis

Axial T2-weighted brain MRI reveals hyperintensities in the left postcentral gyrus and centrum semiovale (A), left posterior limb of internal capsule (B), midbrain tegmentum (C), pons, middle cerebellar peduncle, and dentate nucleus of cerebellum (D). (E) Sagittal T2 spine reveals brainstem and cervical spine hyperintensities. (F) Spread along the white matter tracts across longitudinal and commissural fibers is noted in T2 coronal view.

A 10-year-old boy presented with a 2-week history of fever, headache, and altered mentation. Bulbar palsy, 2/5 right hemiparesis, and meningeal signs were evident. CSF was notable for lymphocytosis, high protein, normal glucose, and negative tuberculosis workup. MRI demonstrated hyperintensity along the white matter tracts suggestive of neuromelioidosis (figure) and was confirmed by antibody positivity to indirect hemagglutination for *Burkholderia pseudomallei*. The child responded to 6 weeks of induction therapy with meropenem and is currently on eradication treatment with doxycycline. Propensity for spread along the white matter tract and brainstem neurotropism is the hallmark of neuromelioidosis, especially the encephalomyelitis type.¹

Study funding

No targeted funding reported.

Disclosure

The authors report no disclosures relevant to the manuscript. Go to [Neurology.org/N](https://www.neurology.org/N) for full disclosures.

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Kaushik Maulik, MD	Department of Pediatrics, JIPMER, Puducherry, India	Patient management, literature review, initial draft manuscript preparation
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Appendix (continued)

Name	Location	Contribution
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Niranjan Biswal, MD	Department of Pediatrics, JIPMER, Puducherry, India	Clinician-in-charge, concept and design of the study, critical review of manuscript, final approval of the version to be published

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Kaushik Maulik, Gulrej Nisar Shaikh, Ananthanarayanan Kasinathan, et al.
Neurology 2020;95:836-837 Published Online before print September 15, 2020
DOI 10.1212/WNL.0000000000010835

This information is current as of September 15, 2020

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