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A 15-year-old boy with a maternal family history of “optic neuropathy” presented with acute flaccid paralysis in both upper limbs. Cervical MRI demonstrated longitudinally extensive T2 lesions, with significant enhancement of the anterior gray matter. Typical “snake-eye” appearance was observed in the follow-up MRI 1 month later (Figure). Analysis of blood mt-DNA revealed a homoplasmic m.14495T>C mutation, confirming the diagnosis of Leber hereditary optic neuropathy (LHON). Idebenone 900 mg/d was given to him, and he recovered completely 3 months later.

Spinal cord involvement was rare in LHON.1 The enhancement pattern in this case mimicked spinal cord infarction rather than demyelinating diseases.2

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Appendix
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<tr>
<th>Name</th>
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<th>Contribution</th>
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<tr>
<td>Bing Zhao, MD</td>
<td>Department of Neurology, Qilu Hospital of Shandong University (Qingdao)</td>
<td>Drafting/revision of the manuscript for content, including medical writing for content</td>
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<td>Analysis and interpretation of data</td>
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References

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