Posterior Reversible Encephalopathy Syndrome With Spinal Cord Involvement 2 Months After a Burn Injury

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A 20-year-old female with burns (41% surface area) presented two months later with blurry vision, neurogenic bladder, weakness, and new hypertension. Examination revealed bilateral cotton wool spots and macular edema. MRI showed non-enhancing, edematous lesions from the brainstem to the conus medullaris. Differential included demyelinating disease, acute disseminated encephalomyelitis and her final diagnosis PRES-SCI. Rheumatological, infectious, and autoimmune work-up were negative. She received intravenous nicardipine, immunoglobulin, and methylprednisone. Three months later, her weakness and lesions resolved (Figure 1D). Recognizing the features of PRES-SCI with hypertension, retinopathy and extensive spinal lesions can prevent immunosuppression\(^1\). Hypertension is a long-term sequelae of burns\(^2\).

REFERENCES:

Figure 1. Axial T2-weighted FLAIR images of the brain demonstrate hyperintense lesions in the left corona radiata (A) and pons (B). Sagittal T2-weighted images of the cervical spine demonstrate an expansile intramedullary lesion spanning the entire length of the cervical and upper thoracic spinal cord (C) that resolved in 3 months (D).
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