Rapidly Reversible Neurological Manifestations in a Case of Neuro-Behçet Disease

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Figure 1. T2-weighted imaging of MRI showed increased signal intensity lesions at the pontine tegmentum (Fig. 1A, arrow) and left medulla oblongata (Fig. 1B, arrow). Three weeks after the treatment, the lesions seen on the T2-weighted imaging of MRI before, disappeared at the pontine tegmentum (Fig. 1C, arrow) and at the medulla (Fig. 1D, arrow).

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A 20-year-old man, with a two-year history of Behçet disease, developed headache followed by right sided numbness and diplopia. A computerized tomography of the brain was normal. A T2-weighted and FLAIR imaging MRI revealed increased signal intensities in the brain stem (Fig. 1A, B). Other tests included positive HLA-B51 and a cerebrospinal fluid pleocytosis. A methylprednisolone pulse therapy (1,000 mg/day for three days) was started immediately and neurological symptoms were resolved within two weeks except for a minimal residual numbness. Another MRI taken three weeks after the pulse therapy showed complete disappearance of abnormal intensities (Fig. 1C, D).

Neurological involvement, one of the most severe complications, develops in 10-20% of Behçet disease (1). Those who were diagnosed and treated early and vigorously had a far better outcome than the ones in whom diagnosis and treatment were delayed (2). The rapid improvement in the present case underscores the importance of vigorous therapy early in the acute phase.

References


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