Brainstem Posterior Reversible Encephalopathy Syndrome

Ryosuke Hama and Hideto Oshikawa

Key words: neurology, encephalopathy, renal failure

(A Intern Med Advance Publication)
(DOI: 10.2169/internalmedicine.2784-19)

A 49-year-old woman with a history of chronic kidney disease presented to our outpatient department with a 2-week history of vomiting and malaise. She was drowsy, and her blood pressure was 242/144 mmHg. No significant neurologic findings were seen apart from slurred speech. Laboratory studies revealed a blood urea nitrogen level of 48.0 mg per deciliter, and a creatinine level of 6.92 mg/dL. Magnetic resonance imaging (MRI) was suggestive of hyperin-
tensity in the pons and medulla oblongata (Picture A and B). A clinical diagnosis of brainstem posterior reversible encephalopathy syndrome (PRES) with coexisting renal failure was established. PRES is a clinical radiographic syndrome that typically shows parietal and occipital encephalopathy, leading to several clinical manifestations. The patient’s consciousness and slurred speech gradually improved after starting hemodialysis and reducing her blood pressure. After three weeks, the brain stem hyperintensity initially seen on MRI disappeared (Picture C and D).

The authors state that they have no Conflict of Interest (COI).

References