A 46-year-old woman presented to the emergency department with a four-day history of visual impairment and a headache that rapidly worsened. She was a patient with end-stage renal failure caused by IgA nephropathy treated with chronic hemodialysis at another clinic. At the time of examination, she showed wobbling during walking and had a blood pressure of 208/140 mmHg with hypertensive retinopathy (Scheire H4S2). A high signal frequently appeared in the brainstem and cerebellum on FLAIR and diffusion-weighted imaging (DWI) sequences (Picture 1). The apparent diffusion coefficient (ADC) map revealed restricted diffusion in the same regions (Picture 2). These findings were consistent with Brainstem Cerebellum-type Posterior Reversible Encephalopathy Syndrome (PRES). The patient was managed with antihypertensive medication and fluid management, and her symptoms improved over the following days (Picture 3).
the cerebellum on fluid-attenuated inversion recovery of head magnetic resonance imaging. This was an equal signal on diffusion-weighted imaging and a high signal on ADC MAP (Picture 1). In addition, high-signal areas and swelling were also observed in the brainstem (Picture 2). There were no findings suggesting posterior reversible encephalopathy syndrome (PRES) in the occipital lobe (Picture 3). This case was diagnosed as PRES caused by abnormal hypertension. PRES is characterized by neurological symptoms, headache, deterioration of visual acuity, disorders of consciousness and seizure. It is associated with accelerated hypertension, eclampsia, renal disease, cytotoxic medication or autoimmune disorders. On performing antihypertensive therapy, her visual acuity improved, as did her head magnetic resonance imaging findings (Picture 4).

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