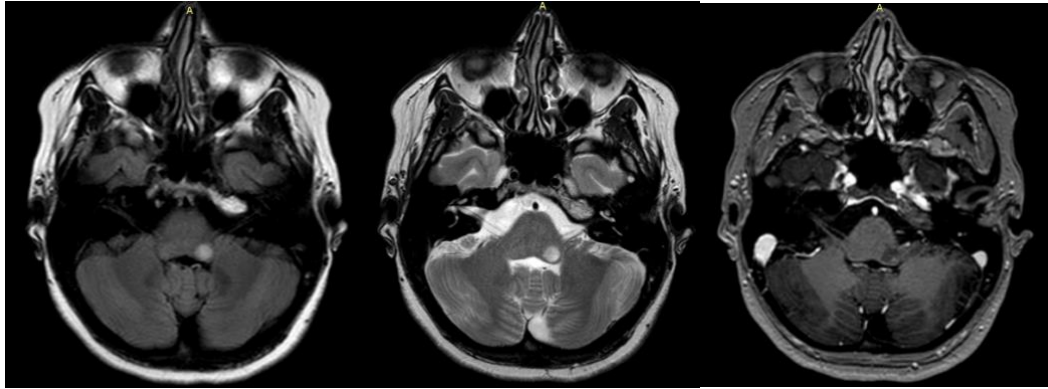


Case challenge 7- 2026

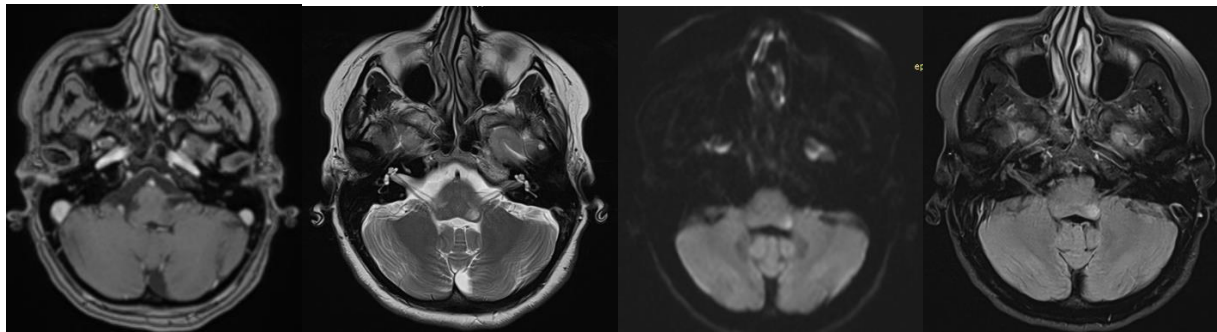
A 42-year-old female was admitted with progressive overnight left side face, dysarthria, dysphagia, vomiting, vertigo, and gait ataxia with lateropulsion to the left, three months ago. Emergency Brain MRI showed a lesion in the left middle cerebellar peduncle with minimal contrast enhancement. Cervical and Thoracic spine MRI showed no lesions. Thoraco-abdominal CT scan was normal. CSF showed normal cell count, protein, glucose and lactate level. Results were negative for oligoclonal bands, Anti-MOG and Anti-AQP4. There was no evidence of intrathecal synthesis of IgG, normal IgG, IgA and IgM. Only elevation of Neurofilament light chain was noted in CSF but not in serum. She tested negative for Borrelia and other infectious diseases. Autoimmune check-up (seric: ANA, pANCA, cANCA, anti-PR3, anti-MPO, anti-GBM, anti-DSDNA, IgG, C3, C4, ENA profile, Gangliosid IgG-Ak, Gangliosid IgM-Ak; liquor: DRVVT, AMPA1/2 Receptor, CASPR2, DPPX, GABA B-receptor, GD1a IgM, GD1a IgG, GD1b IgM, GD1b IgG, GM1 IgM, GM1 IgG, GM2 IgM, GM2IgG, GM3 IgM, GM3 IgG, GQ1b IgG, GQ1b IgM, GT1b IgG, GT1b IgM, LGI1, NMDA-Receptor) showed no abnormality. Vitamin B12 level was also normal. Visual and somatosensory evoked potentials were normal. Intravenous treatment with Methylprednisolone 1g/d for five days was given, then switched to oral Prednisone 100mg per day tapered every week to a maintenance of oral 10mg per day.

Several weeks after, she developed left hemichranic headache with moderate intensity that she describes as electric shocks in the left eye and nasal part. Carbamazepine was started at 600mg/day and she responded well.

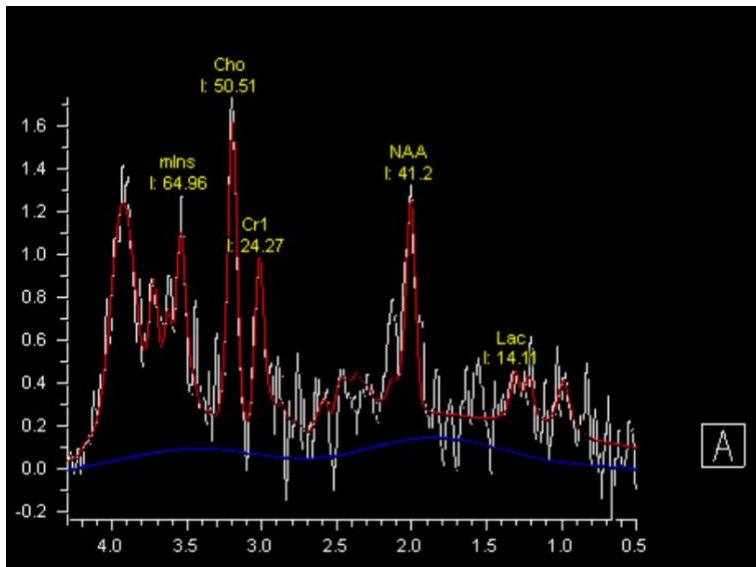
Actually, she is clinically improved with only left side hypopallesthesia. Another brain MRI was performed: regressing FLAIR hyperintensity lesion. Single voxel spectroscopy showed a slight decrease in N-acetylaspartate (NAA) with a corresponding slight reduction of NAA/Cr1 ratio, as well as a significant increase in choline compounds and myo-inositol with a corresponding increase in the Cho/Cr (2.08) and mIns/Cr ratio (2.68) above their respective changes. No pathological lactate elevation.



Emergency MRI



Control MRI two months after, with spectroscopy



What is your diagnosis?

- a) Inflammatory
- b) Ischemic stroke
- c) Neoplastic disease
- d) I don't know

