A MIMIC AND A MASQUERADE

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CASE VIGNETTE :

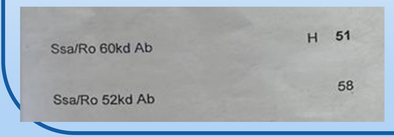
A 54-year-old lady, a diabetic and hypothyroid, had complaints of right upper and lower limbs tremors for 1 yr, diagnosed to have idiopathic Parkinson's and started on syndopa; however was lost to follow-up. Later, she developed difficulty in using the right-sided limbs x 6 months.

She developed high-grade fever spikes with increased fatiguability along with limb pain for 5 days. H/O reduced tear secretion and dry mouth, although she was not on anti-cholinergic medication.

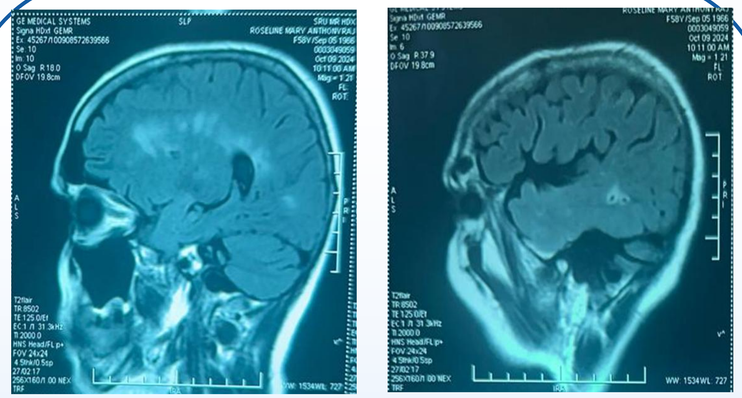
She was evaluated outside 1 yr back with an MRI brain revealed f/s/o multiple sclerosis – however, she was under follow-up.

Present admission revealed rise in acute phase reactants. CSF studies were normal. ANA was positive: Ssa/Ro 60kd ab (51), Ssa/Ro 52kd ab (58) S/O Sjogrens. She was treated with methyl prednisolone, hydroxychloroquine and is on follow-up.

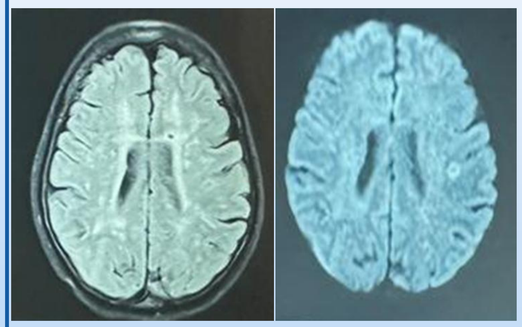
CRP	>130
ESR	20
RA FACTOR	54.4 (UPTO 20)
ANTI CCP	8.27 (UPTO 5)
ANA	POSITIVE (2 + NUCLEAOLAR PATTERN)



CSF ANALYSIS	
SUGAR	59
PROTEIN	22.4
CELLS	0
DC	-
CBNAAT	NEGATIVE
ANTI NMO	NEGATIVE
ANTI MOG	NEGATIVE
OCB	ABSENT



MRI brain in 2023:T2 FLAIR showing Dawsons fingers, T1 black holes



MRI brain T2 FLAIR & DWI in 2025, showing persistence of the Dawsons fingers with a new lesion in left parietal region

2023
- Bradykinesia, right sided tremors
- s/o Parkinson's
- MRI brain: ? S/O demyelination

2024
- Bradykinesia, right-sided rigidity
- MRI Brain: s/o inactive demyelinating plaques, MRI Spine- no cord lesion
- s/o Inactive MS

2025
- Bradykinesia, Rigidity right UL,LL , dry mouth +
- MRI brain: new lesion in left parietal region
- ANA 2+ nucleolar pattern, Ssa/ Ro 60kd Ab+ (51) ,ssa/Ro 52 kd Ab (58)
- S/O SJOGRENS

- Sjogren's disease (SjD) is a chronic autoimmune disorder characterised by lymphocytic infiltration in the exocrine glands, primarily affecting the salivary and lacrimal glands.
- However, the inflammatory process associated with the disease includes additional manifestations beyond glandular involvement.
- High Ro52/TRIM21 expression was observed in the Purkinje cells of the cerebellum, contributing to cerebellar degeneration. This observation indicates that anti-Ro52 antibodies in the CSF could serve as an additional biomarker for CNS involvement in SjD. Other antibodies are anti-M3R & anti-AQ4 .
- Neurological symptoms are reported in 8.5–70% with a higher incidence of peripheral involvement such as neuronopathy, ganglionopathy & mononeuritis multiplex.
- CNS symptomatology (2–25%) includes headache, meningitis, seizures, transverse myelitis, optic neuritis, ataxia, encephalopathy, and multiple sclerosis-like (MS-like) lesions, along with Parkinsonism, depression, anxiety, and psychosis.
- Interestingly, in 25–60% of cases, neurological symptoms manifest before the onset of sicca symptoms.
- Currently, immunosuppressive drugs such as steroids, azathioprine, cyclophosphamide, rituximab and IVIG are used.
- It has also been observed that plasmapheresis combined with immunosuppressive treatment could be effective.
- This case is presented for its rarity.

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