



A case of small vessel vasculitis masquerading as pontine demyelination : A Case Report



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AIMS

To present a case of small vessel vasculitis ,presenting as pontine lesion mimicking demyelination with superadded viral infection.

To delineate inflammatory lesions and demyelinating lesions while dealing with patients of acute neurological deficits apart from vascular causes

MATERIALS AND METHODS

65 yr old male with no known comorbidities presented with difficulty in swallowing liquids more than solids followed by fever ,then deviation of angle of mouth to right with difficulty in using left upper limb and lower limb with slurred speech

Examination Findings:

Patient was conscious oriented spastic dysarthria .left UMN facial palsy with spasticity of all 4 limbs with brisk deep tendon reflexes and bilateral plantar extensor

MRI Brain

symmetrical central pontine T1 hypodensity T2 hyperintensity showing diffusion restriction with mild enhancement

MRV,MRA normal.CT Paranasal sinuses

maxillary and Ethmoid sinusitis

Thrombocytopenia and anemia

present without any bleeding

manifestations Renal and liver

parametres with electrolytes normal

.Dengue Igm Elisa Positive

ANA negative C-ANCA -STRONGLY POSITIVE

NMO MOG NEGATIVE

RESULTS

Patient presented with acute onset nonprogressive spastic dysarthria with UMN facial palsy with left hemiparesis .Vasculitic profile revealed strongly positive C ANCA . .Mri brain had T2 central pontine hyperintensitypatient treated with IV steroids and symptoms became static .

CONCLUSION

Central pontine hyperintensities may be found in central pontine myelinolysis ,Clippers,pontine demyelination ,or vascular infarct . On evaluation features suggestive of Granulomatosis with polyangitis found.. IV steroids were started and patient improved..Pontine lesions may present with wide range of etiological importance as treatment differs for different causes

MRI BRAIN

