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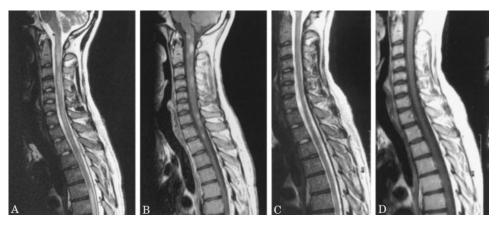


Figure. Sagittal T2- and T1-weighted fast spin echo images of the cervical and upper thoracic spine reveal multiple contrast-enhancing intramedullary lesions (A, B). Follow-up MRI after 6 weeks of treatment demonstrates blurring of the lesions on T2-weighted images (C) and regression of contrast enhancement on T1-weighted images (D).

Multifocal myelitis in Behçet's disease

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A diagnosis of Behçet disease was made in a 26-year-old human leukocyte antigen-B51–positive Turkish man presenting with recurrent oral aphthosis, spastic paraparesis, and a sensory level at D10. CSF contained $168/\mu$ L white cells. Results on cranial MRI

Address correspondence and reprint requests to Dr. Stephan Schmidt, Department of Neurology, University of Bonn, Sigmund-Freud-Str. 25, D-53105 Bonn, Germany; e-mail: stephan.schmidt@ukb.uni-bonn.de were normal. After 6 weeks of treatment with IV methylprednisolone followed by oral prednisolone and azathioprine, the clinical symptoms had largely resolved (figure), and CSF contained $8/\mu$ L white cells.

Behçet disease is a systemic granulomatous disorder frequently affecting the nervous system¹ with predominant involvement of the brainstem and cerebral hemispheres.^{1,2} Isolated multifocal spinal cord involvement is a previously undescribed manifestation of Behçet disease.²

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