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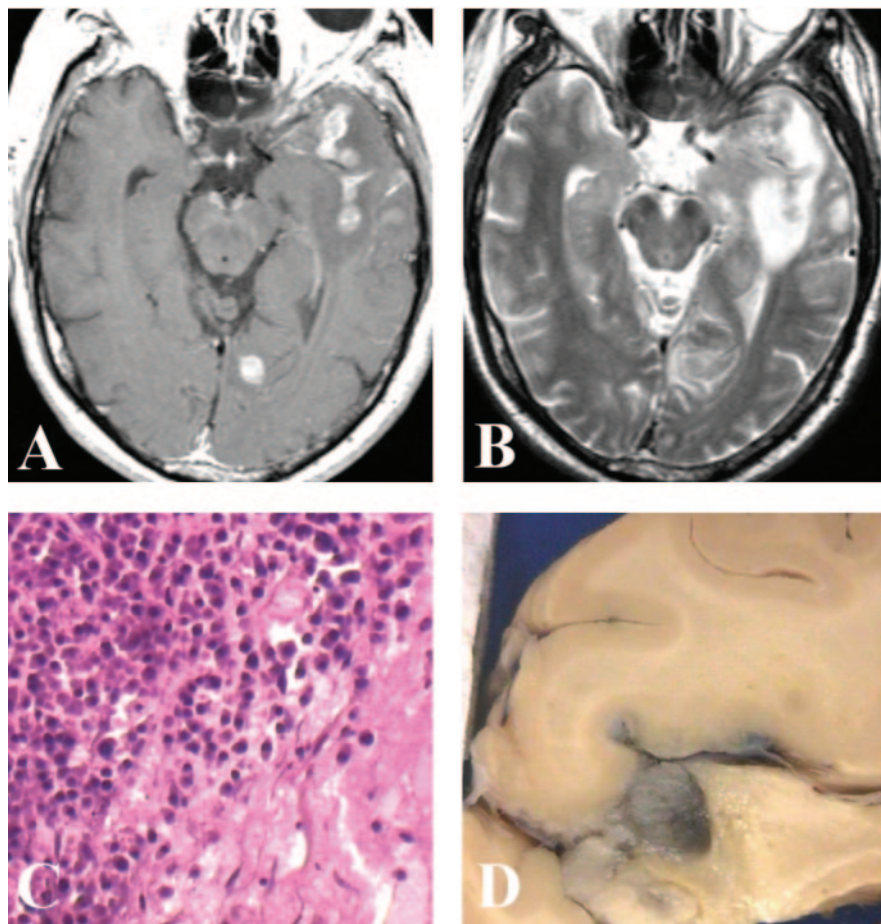


Figure. Post-contrast T1-weighted MRI of the brain shows multiple bilateral supra- and infratentorial enhancing lesions of the parenchyma, meninges, and oculomotor and trigeminal nerves (A). T2-weighted MRI shows the largest lesion involving left temporal lobe with surrounding edema (B). Microscopic (C) and macroscopic (D) pathologic appearance of plasma cell metastases to brain.

CNS myelomatosis

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A 62-year-old man with IgGκ multiple myeloma (MM), who had been treated with autologous bone marrow transplant, presented with Herpes zoster ophthalmicus and mental state deterioration. Brain MRI raised suspicion of viral encephalitis (figure, A, B). CSF demonstrated a total protein of 225 mg/dL, 9 red blood cells, and 24 white blood cells with 99% plasma cells. CNS myelo-

matosis, revealed by CSF cytology, led to the patient's death 3 weeks later. Postmortem neuropathologic examination of the brain (figure, C, D) confirmed MM metastases to leptomeninges, brain parenchyma, choroid plexus, and pineal cranial nerves III and V. CNS invasion by plasma cells is an unusual complication of MM, rarely encountered by neurologists. Its clinical and imaging features should be differentiated from those of viral encephalitis.^{1,2}

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