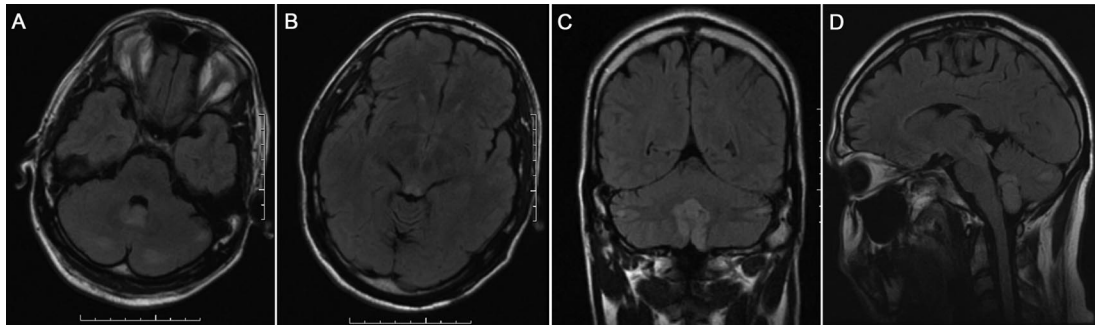


Nitromethane encephalopathy MRI

Figure T2-weighted fluid attenuated inversion recovery axial (A, B), coronal (C), and sagittal (D) sections showing bilateral and symmetric hyperintense lesions in cerebellar white matter, tonsils, uvula, and tectum



These lesions were less conspicuous on T2-weighted images. Symmetric lesions support the diagnosis of toxic encephalopathy.

After nitromethane fuel ingestion, an 18-year-old male mechanic presented with generalized tonic-clonic seizures progressing to partial motor status epilepticus. At physical examination hypertension was noted. Symptomatic therapy was initiated, including valproic acid, β -blockers, and clonidine. When neurologic examination could be performed, it showed mild left dysmetria in finger-to-nose testing, low-frequency intention tremor, broad-based gait, and inability to tandem-walk. MRI (figure) demonstrated bilateral and symmetric lesions in cerebellar white matter, tonsils, uvula, and colliculi. Valproic acid was maintained. Clinical and MRI 8-month follow-up showed no abnormalities. To our knowledge, this is the first documented case of reversible encephalopathy by nitromethane ingestion.^{1,2}

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