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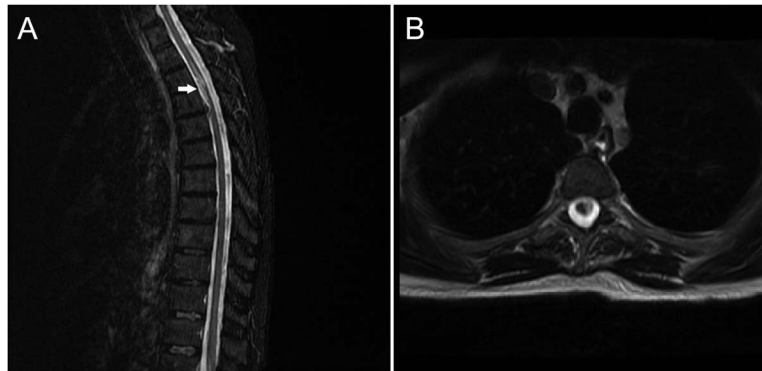
Partial Brown-Séquard syndrome

A rare presentation of CMV myelitis

Divyanshu Dubey, MD
Pradeep N. Modur, MD,
MS

Correspondence to
Dr. Dubey:
divyanshudubey87@gmail.com

Figure MRI findings of a case of cytomegalovirus myelitis



(A) Thoracic spine MRI shows increased signal intensity on sagittal short T1 inversion recovery from T2 to T4 vertebral segments (arrow) and a mild disc herniation below it. (B) Axial T2 shows hyperintensity of left hemicord at the level of T3 vertebra.

A 53-year-old man with AIDS presented with left leg weakness and right leg numbness. Examination was significant for left lower extremity weakness in a pyramidal pattern (4/5), left knee and ankle hyperreflexia, left Babinski sign, and decreased pain and temperature sensation over right lower extremity extending up the right torso up to T5 dermatome. Vibration and proprioception were normal. Thoracic spine MRI showed hyperintensity in the left hemicord (figure, A and B). CSF analysis showed mild protein elevation with lymphocytic pleocytosis, and positive cytomegalovirus (CMV) PCR, consistent with CMV myelitis. Treatment with gancyclovir¹ and foscarnet² resulted in gradual improvement in the patient's symptoms and examination.

AUTHOR CONTRIBUTIONS

All authors have had access to all data in the study and read and approved submission of the paper. Divyanshu Dubey and Pradeep Modur

contributed in conceptualization of the idea, data collection, and manuscript preparation.

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DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Divyanshu Dubey and Pradeep N. Modur

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