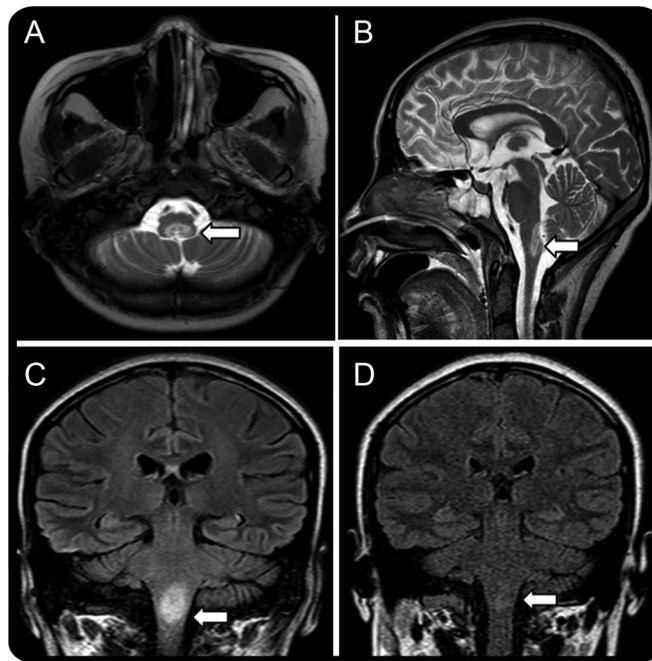


# Teaching NeuroImages: Primary Sjögren syndrome presenting as isolated lesion of medulla oblongata

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**Figure 1** Brain MRI



(A, B) T2-weighted axial and sagittal images reveal focal hyperintensity within the dorsal medulla oblongata. (C) Fluid-attenuated inversion recovery coronal MRI shows hyperintense white matter lesions predominantly involving medulla oblongata. (D) Lesions of medulla oblongata were basically normal after therapy (white arrow).

A 21-year-old woman presented with 2 weeks of vomiting and a brief episode of sudden loss of consciousness. On examination, she had slurred speech and dysphagia. Fluid-attenuated inversion recovery and T2-weighted MRI of the brain revealed white-matter hyperintensity within the medulla oblongata (figure 1, A–C). Biopsy of the salivary gland was diagnostic of Sjögren syndrome (SS) (figure 2). After multimodal therapy, lesions of medulla oblongata improved (figure 1D), and the patient largely returned to normal.

Primary SS is characterized by chronic inflammation of exocrine glands. Involvement of CNS has been reported occasionally.<sup>1,2</sup>

#### AUTHOR CONTRIBUTIONS

Jiangying Chen: study design, data collection, drafting and revising the manuscript. Lin Wang: data collection, analysis of histopathology images,

critical comments during manuscript revision. Lei He: data collection, critical comments during manuscript revision. Xin Yi: critical comments during manuscript revision. Zhenwen Yan: study design, drafting and revising the manuscript.

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#### DISCLOSURE

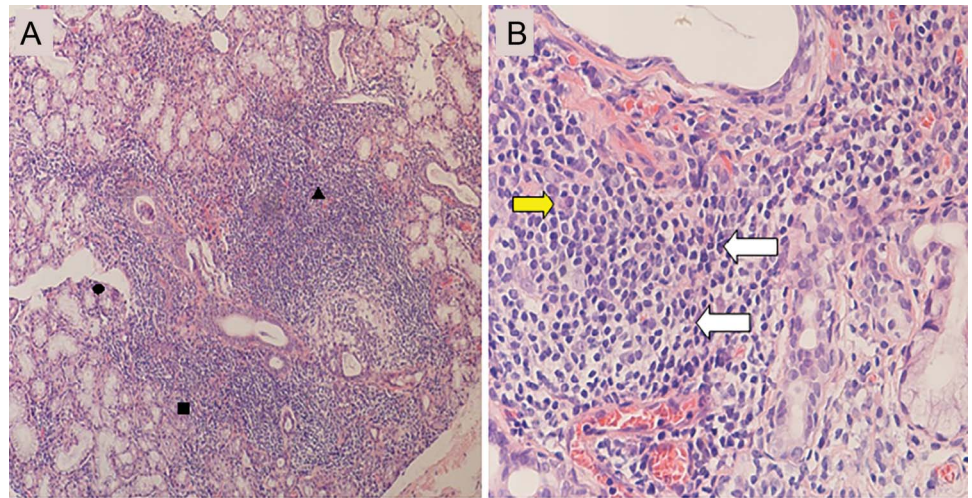
The authors report no disclosures relevant to the manuscript. Go to [Neurology.org](http://Neurology.org) for full disclosures.

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(A) Hematoxylin & eosin staining of salivary gland shows acinar atrophy (■), small duct dilation (●), and focal lymphocytic infiltration (▲) ( $\times 100$ ). (B) Presence of lymphocytic (white arrow) and plasma cells (yellow arrow) is shown at a higher magnification ( $\times 200$ ).

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