Teaching NeuroImage: Claustrum Sign in Febrile Infection–Related Epilepsy Syndrome

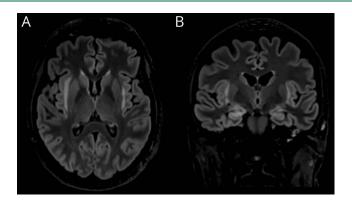
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Figure 1 MRI (Fluid-attenuated inversion recovery; A, Axial; B, Coronal) Performed 30 days After the Onset of Status Epilepticus Showed Right-Predominant Hyperintensity and Swelling of the Claustrum, Pulvinar, and Hippocampus



A 40-year-old woman presented with acute encephalopathy and super-refractory status epilepticus 6 days after a febrile illness. An extensive diagnostic workup was negative. EEG and brain MRI showed right-predominant abnormalities, including claustrum T2/FLAIR hyperintensity, the so-called claustrum sign (Figures 1 and 2). This finding has been described in patients with

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Figure 2 EEG Showed Bilateral Asymmetric Lateralized Periodic Discharges, Predominant in the Right Fronto-Temporal Region



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febrile infection–related epilepsy syndrome, ¹ a subcategory of new-onset refractory status epilepticus triggered by cytokine storm. ² Because the claustrum sign has been reported also in other cytokine storm-associated disorders, including acute necrotizing encephalopathy, COVID-19-related encephalopathy, and immune effector cell-associated neurotoxicity syndrome, ³ it may represent a specific marker of cytokine-mediated neuroinflammation.

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Disclosure

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

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Name	Location	Contribution
Lorenzo Muccioli, MD	Department of Biomedical and Neuromotor Sciences, University of Bologna	Drafting/revision of the manuscript for content, including medical writing for content, major role in the acquisition of data, study concept or design, and analysis or interpretation of data

Appendix (continued)

Name	Location	Contribution
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Paolo Tinuper, MD	Department of Biomedical and Neuromotor Sciences, University of Bologna	Drafting/revision of the manuscript for content, including medical writing for content, major role in the acquisition of data, study concept or design, and analysis or interpretation of data

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