# Teaching NeuroImage: Pontine Owl-Eyes Lesions in a Case of Neuroborreliosis

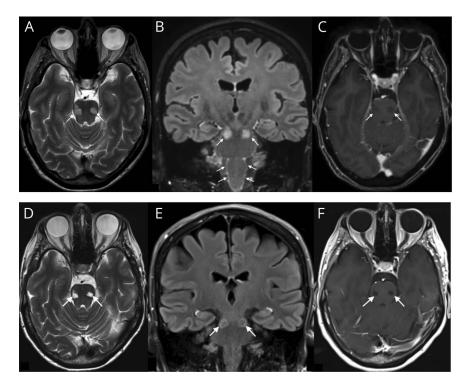
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#### Figure Pontine Owl-Eyes Lesions



MRI before (A–C) and 1 week after (D–F) antibiotic treatment: axial T2 (A and D), coronal FLAIR with gadolinium (B and E), axial T1 with gadolinium (C and F). Initial MRI reveals symmetrical ovoid T2-hyperintense, T1-hypointense pontine lesions, with local (C), leptomeningeal (B) and cranial nerves (not shown) contrast enhancement. Posttreatment MRI shows the absence of contrast enhancement in the lesions.

Brain MRI in a 65-year-old woman with headache, sensory ataxia, and tick exposure revealed leptomeningeal and cranial nerve enhancement and T2-hyperintense symmetrical pontine lesions resembling the "owl-eyes" sign, a radiologic finding described in ischemic or compressive myelopathy (Figure, A–C).<sup>1</sup> CSF analysis revealed pleocytosis ( $163/\mu$ L) and intrathecal production of anti-*Borrelia* IgG (CSF/serum index 21, N < 2). Workup was negative for alternative causes. The patient fully recovered after 21 days of ceftriaxone (Figure, D–F).

Radiologic findings in neuroborreliosis include signs of cranial neuritis, meningitis, or stroke.<sup>2</sup> In patients presenting with symmetrical T2-hyperintense lesions of the pons, this case supports the inclusion of neuroborreliosis in the differential diagnosis.

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#### Appendix Authors

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#### References

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