

# Teaching NeuroImage: Mobile Hypopyon as a Clinical Clue for the Diagnosis of Behçet Disease

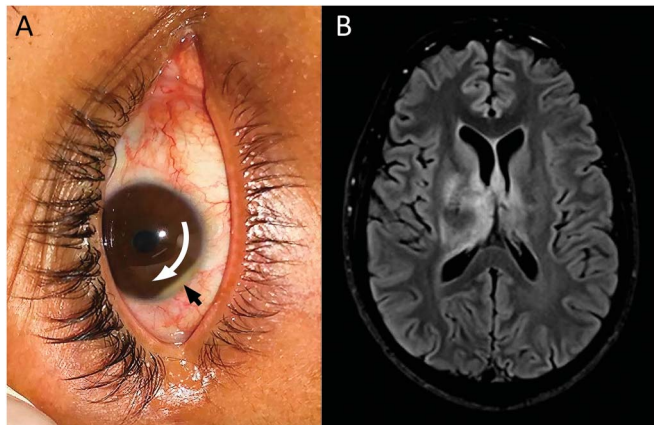
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*Neurology*® 2023;100:307-308. doi:10.1212/WNL.0000000000201577

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## Figure Ocular Findings and Neuroimaging



External eye photograph depicts the mobile hypopyon (black arrow) and its movement within the anterior chamber right after the patient changed the position from standing to right lateral decubitus (curved arrow) (A). Brain MRI axial FLAIR-weighted image shows confluent hyperintense lesions in the diencephalon (B).

A 29-year-old man presented with subacute new-onset headache, confusion, and hallucinations. On examination, he had obtundation and bilateral decreased visual acuity. Brain MRI revealed a T2/fluid-attenuated inversion recovery (FLAIR) hyperintense signal of the diencephalon and basal ganglia. Subsequently, he developed anterior uveitis with mobile hypopyon (Figure). Further questioning of his wife disclosed previous episodes of “red eyes,” acne-like skin lesions, and oral ulcers.

He was diagnosed with Behçet disease (BD) and fully recovered after a methylprednisolone pulse. The hallmarks of BD are oral and genital ulcers and uveitis. Neuro-BD often presents with cerebral venous thrombosis, aseptic meningitis, or mesodiencephalic venulitis. Although confluent diencephalic lesions on neuroimaging strongly indicate Neuro-BD, the diagnosis also relies on clinical findings.<sup>1</sup> Hypopyon is the sedimentation of leukocytes in the anterior chamber of the eye, which manifests as a whitish fluid level. Mobile hypopyon is typical of NB and a relevant diagnostic clue.<sup>2</sup>

## Study Funding

The authors report no targeted funding.

## Disclosure

The authors report no relevant disclosures. Go to [Neurology.org/N](https://www.neurology.org/N) for full disclosures.

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## Publication History

Received by *Neurology* July 4, 2022. Accepted in final form October 6, 2022. Submitted and externally peer reviewed. The handling editor was Whitley Aamodt, MD, MPH.

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## Appendix (continued)

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*Neurology* 2023;100;307-308 Published Online before print November 10, 2022  
DOI 10.1212/WNL.0000000000201577

**This information is current as of November 10, 2022**

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