

Teaching NeuroImages: Sarcoidosis presenting as longitudinally extensive myelitis

Excellent response to infliximab

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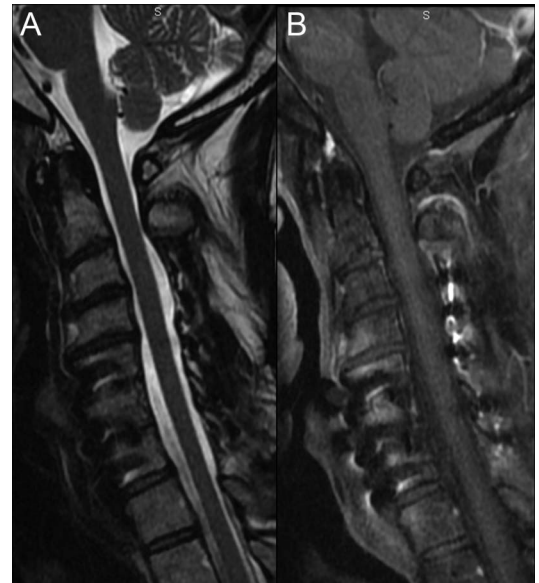
Figure 1 Pretreatment MRI



Sagittal T2-weighted image (A) demonstrates confluent hyperintensity extending from the upper cervical to the upper thoracic spinal cord. On postgadolinium T1-weighted image (B), there is multifocal, patchy enhancement.

A 44-year-old man presented with 2 weeks of progressive right body numbness, weakness, and circumferential burning sensation around his trunk. MRI spine demonstrated longitudinally extensive myelitis (figure 1). MRI brain and laboratory investigations were normal except for CSF lymphocytic pleocytosis (9 leukocytes/mm³). CT revealed hilar and mediastinal lymphadenopathy, which on biopsy showed noncaseating granulomas suggestive of sarcoidosis. As the patient had multiple clinical relapses on steroids, he was treated with infliximab infusions (5 mg/kg every 4 weeks) and had complete clinical and radiologic resolution after 1 year (figure 2). Myelitis as the presenting feature of sarcoidosis is exceptionally rare and responds to infliximab.^{1,2}

Figure 2 Posttreatment MRI



Sagittal T2-weighted image (A) demonstrates complete resolution of the hyperintensity and associated resolution of the postgadolinium enhancement (B).

AUTHOR CONTRIBUTIONS

N.G. reviewed the clinical case and prepared the manuscript and figures. N.V. supervised the clinical care and commented critically on the manuscript. Both authors approved the final version.

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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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