RESIDENT & FELLOW SECTION

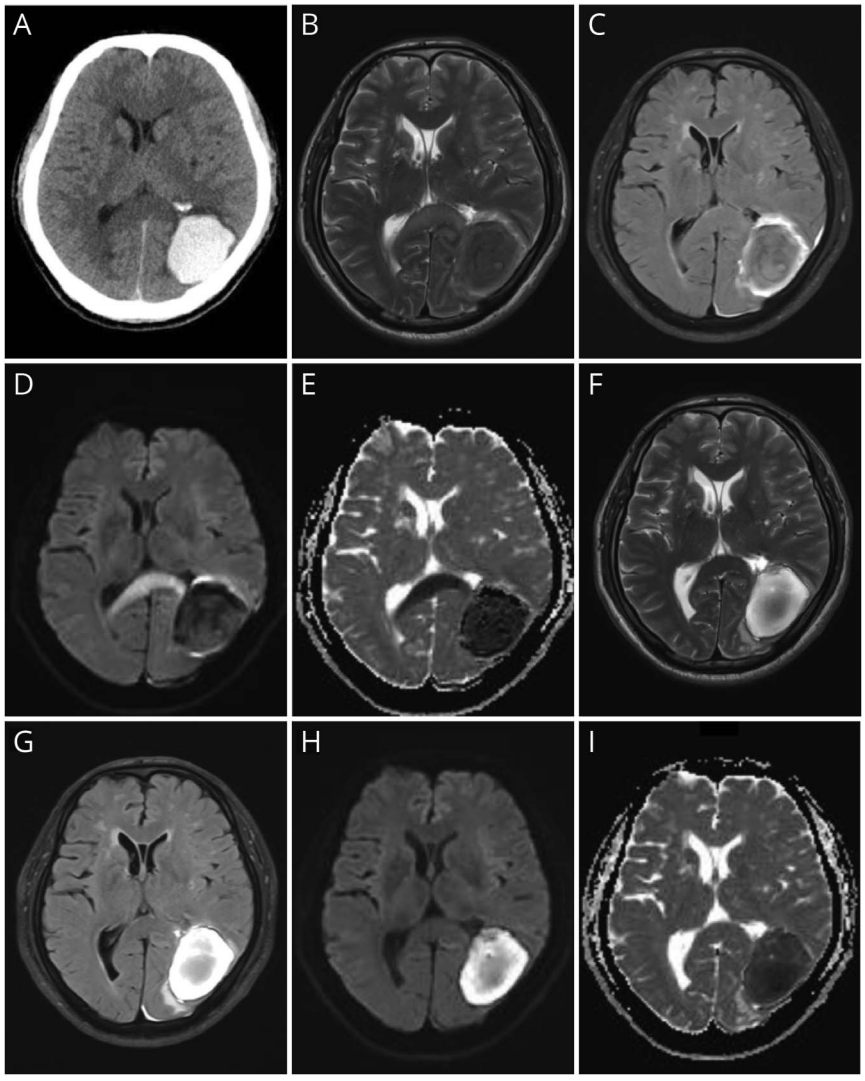
Teaching NeuroImage: Reversible Splenial Lesion Syndrome in a 43-Year-Old Man With Intracerebral Hemorrhage

Tuanfeng Yang, MD, Jia Lu, MM, and Xianzeng Liu, MD

Neurology® 2023;101:e101-e102. doi:10.1212/WNL.0000000000207126

Correspondence
Dr. Liu
liuxianzeng2004@sina.com

Figure Brain Images



CT revealed intracerebral hemorrhage in the left parietal-occipital lobe (A). Initial MRI demonstrated a round-shaped lesion in the splenium of the corpus callosum, hyperintense on T2-weighted sequence (B), fluid-attenuated inversion recovery (C), and diffusion-weighted imaging (D) and hypointense on apparent diffusion coefficient map (E). 16-day MRI revealed complete remission of the callosal lesion (F–I).

MORE ONLINE

Teaching slides
links.lww.com/WNL/C650

A 43-year-old man with uncontrolled hypertension presented with a sudden headache and right homonymous hemianopsia. A brain CT revealed intracerebral hemorrhage, and an MRI examination

From the Department of Neurology, Peking University International Hospital, Beijing, China.

Go to Neurology.org/N for full disclosures.

demonstrated a hyperintense lesion on T2-weighted sequence in the splenium of the corpus callosum (Figure). Brain CTA and MRV were unremarkable. Etiologic workup in the blood and CSF was unrevealing. Sixteen days later, the hemorrhage was smaller and the splenial lesion disappeared completely (Figure). Reversible splenial lesion syndrome (RESLES) usually results from antiseizure medication withdrawal, infection (particularly influenza virus), severe hypoglycemia, and hypernatremia.[1] The clinical manifestation of RESLES is nonspecific, mainly related to the concurrent event, and callosal disconnection syndromes have not been reported. RESLES represents a specific clinicoradiologic syndrome with a favorable prognosis, and repeated MRI is important to determine whether the lesion is transient. In this case, the splenial cytotoxic lesion may be associated with transient hypoperfusion resulting from the compressive effect of hemorrhage.[2]

Author Contributions

T. Yang: drafting/revision of the article for content, including medical writing for content; major role in the acquisition of data. J. Lu: analysis or interpretation of data. X. Liu: study concept or design; analysis or interpretation of data.

Study Funding

The authors report no targeted funding.

Disclosure

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

Publication History

Received by *Neurology* August 25, 2022. Accepted in final form January 12, 2023. Submitted and externally peer reviewed. The handling editor was Resident and Fellow Section Editor Whitley Aamodt, MD, MPH.

References

1. Garcia-Monco JC, Cortina IE, Ferreira E, et al. Reversible splenial lesion syndrome (RESLES): what's in a name? *J Neuroimaging*. 2011;21(2):e1-e14.
2. Liu J, Liu D, Yang B, et al. Reversible splenial lesion syndrome (RESLES) coinciding with cerebral venous thrombosis: a report of two cases. *Ther Adv Neurol Disord*. 2017;10(12):375-379.

Teaching NeuroImage: Reversible Splenial Lesion Syndrome in a 43-Year-Old Man With Intracerebral Hemorrhage

Tuanfeng Yang, Jia Lu and Xianzeng Liu

Neurology 2023;101;e101-e102 Published Online before print February 16, 2023
DOI 10.1212/WNL.0000000000207126