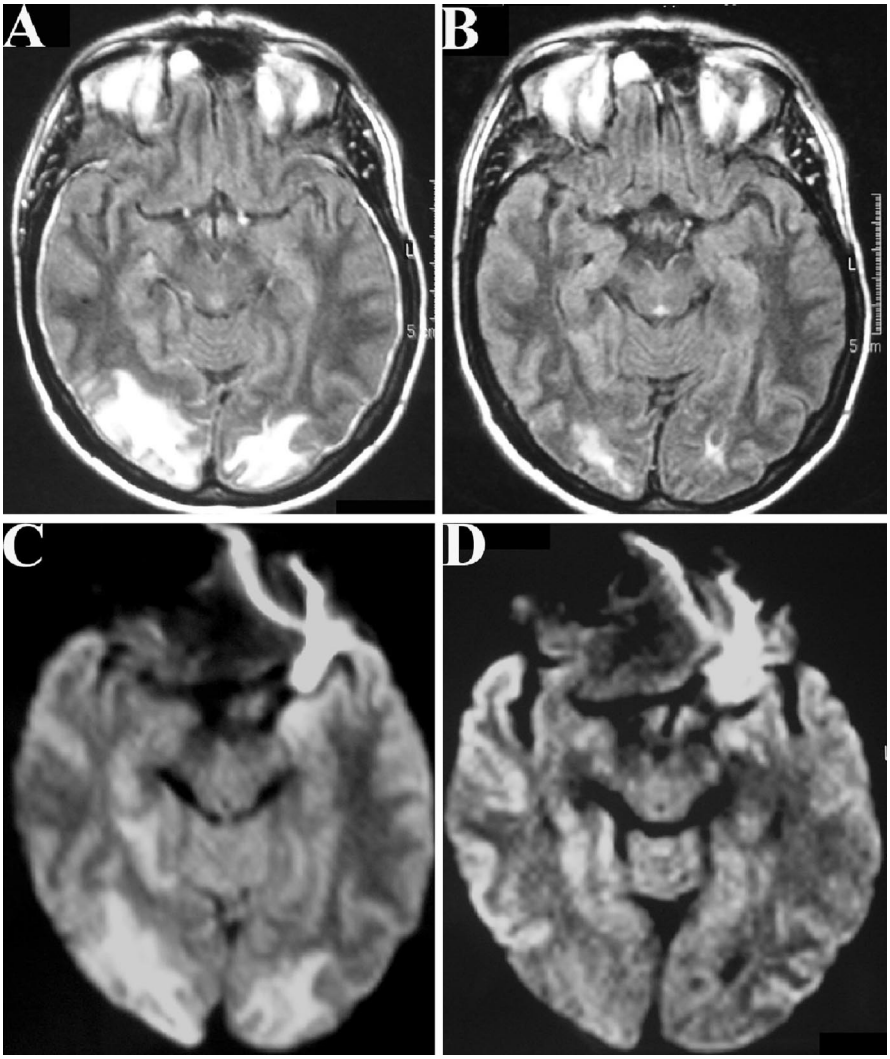

Figure. Brain MRI with fluid-attenuated inversion recovery (FLAIR) (A, B) and diffusion-weighted imaging (DWI) (C, D) sequences showing an initial (A, C) bilateral cortico-subcortical occipital high signal intensity with increased apparent diffusion coefficients (ADC). Two weeks later (B, D) there is a decreased in FLAIR and DWI abnormalities and an ADC normalization suggesting radiologic regressive posterior leukoencephalopathy.

Creutzfeldt–Jakob disease mimicking radiologic posterior reversible leukoencephalopathy

I. Sibon, MD, PhD; A. Foubert, MD; P. Menegon, MD; F. Yekhlef, MD; V. Dousset, MD, PhD; and J.M. Orgogozo, MD, Bordeaux, France

A 51-year-old woman was admitted with progressive blindness, cerebellar syndrome, myoclonia, and frontal dementia which developed over 2 months. EEG showed a pseudo-periodic activity, and 14-3-3 CSF protein was positive. The patient died 1 month later. Brain examination confirmed the diagnosis of sporadic Creutzfeldt–Jakob disease (CJD) (figure).

Usually hyperintense changes in the striata and cerebral cortices at diffusion-weighted imaging, low apparent diffusion coefficients, and progressive or constant lesional distribution are characteristic of CJD.[1] Our report suggests that CJD can radiologically mimic reversible posterior leukoencephalopathy.[2]

Address correspondence and reprint requests to Dr. I. Sibon, Service de Neurologie A, Hopital Pellegrin, Place Amélie Raba-Léon, 33076 Bordeaux cedex, France; e-mail: igor.sibon@mcgill.ca

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