



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

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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.<sup>1</sup> Our report suggests that CJD can radiologically mimic reversible posterior leukoencephalopathy.<sup>2</sup>

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See also page 330

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