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Clinical-Medical Image

Clinical Neuroimage: Pediatric Gliomatosis Cerebri

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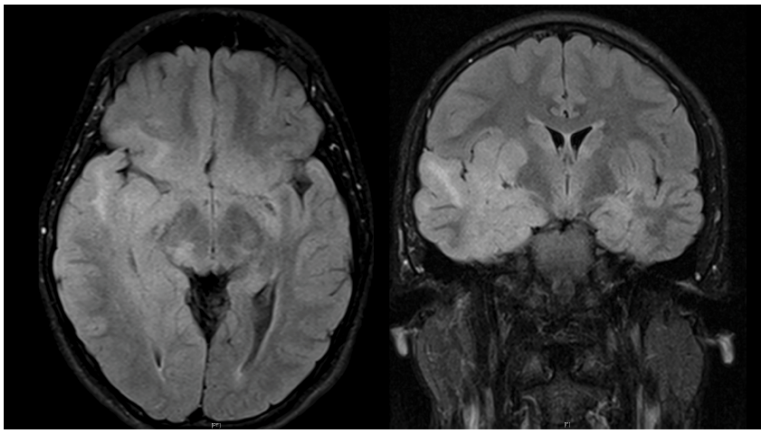

Figure 1: Axial and Coronal FLAIR images showing hyperintense cortical and subcortical signal with edematous right temporal lobe. Involvement extends to left temporal lobe and brainstem.

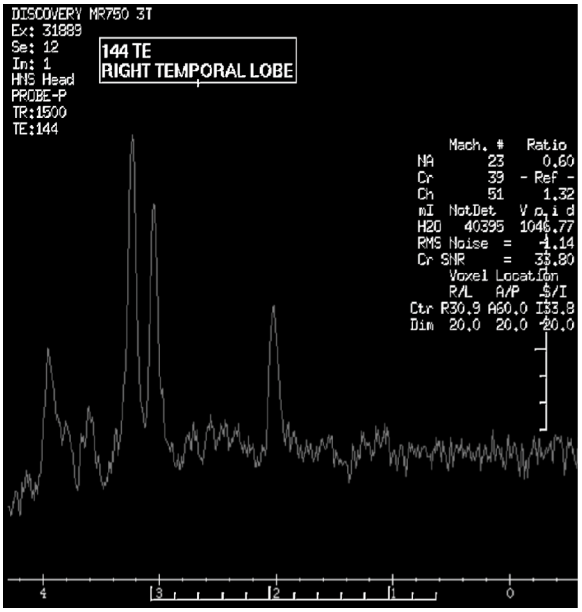

Figure 2: Magnetic Resonance Spectroscopy highlighting elevated choline/ creatinine to NAA ratio suggestive of a hypercellular intracranial process.

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A 16-year-old previously-healthy young man presented to the pediatric emergency department with 5 weeks of stepwise neurologic complaints: orobuccal weakness followed by diplopia, dysarthria, and impaired coordination. His neurologic exam showed left appendicular ataxia, right ptosis, and right hemifacial plegia. Empiric immunotherapy trial with glucocorticoids yielded minimal symptomatic improvement and autoimmune testing was negative. Temporal biopsy confirmed diffuse high-grade H3- and IDH-wild-type glioma.

Gliomatosis cerebri is a growth pattern by definition involving three or more lobes of the brain [1,2]. Imaging can resemble cortical encephalitis and may not show contrast enhancement [1,2]. A lack of response to conventional immunotherapy should raise concerns for gliomatosis cerebri in pediatric patients being treated for autoimmune encephalitis [1,2] (Figures 1 and 2).

Keywords: Gliomatosis Cerebri, Autoimmune encephalitis

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