

Clinical-Medical Image

Press Syndrome: An Unusual Complication of Chemotherapy

Sanae Amalik, Kaoutar Imrani, Hind Sahli, Hounayda Jerguigue, Rachida Latib and Youssef Omor

Department of Radiology, Oncology National Institute, Rabat, Morocco

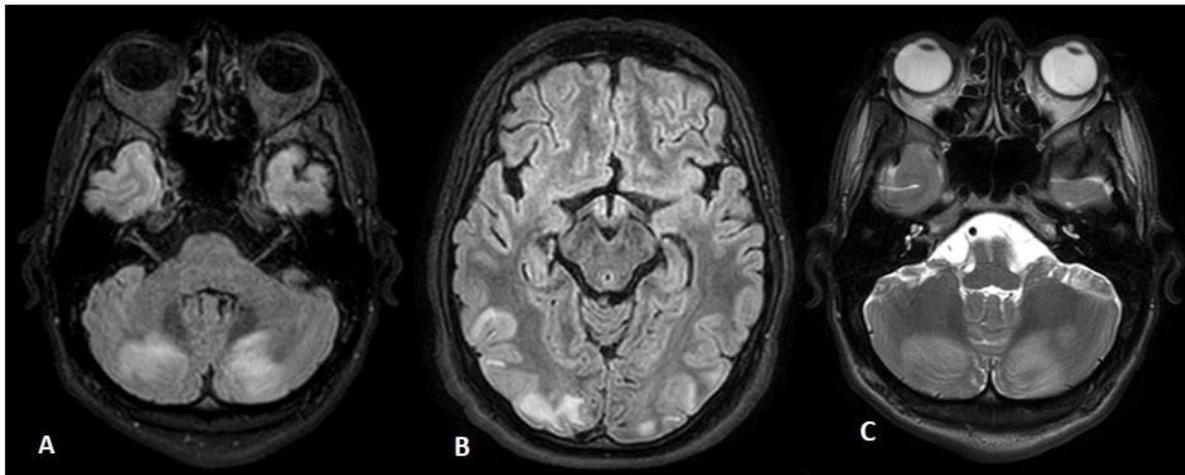


Figure 1: Brain MRI in a 24-year-old man with stage III germinal testis tumors, who developed photophobia and confusion after the first course of chemotherapy, showing bilateral and symmetrical fluid-attenuated inversion recovery (A, B) and T2 (C) hyperintensities in the posterior white matter consistent with posterior reversible encephalopathy syndrome.

Clinical Image

The press syndrome is a clinico-radiological entity first described in 1996 by Hinchey et al responsible for unspecific neurological manifestations, such as confusion, convulsions or visual disturbances. The diagnosis is evoked by brain magnetic resonance imaging (MRI), which shows typically bilateral and symmetrical lesions of the parieto-occipital lobes, as hyperintensities in T2 and fluid-attenuated inversion recovery (FLAIR) sequences suggestive of vasogenic edema. (Figure 1) Reversibility is both clinical and radiological, with improvement or disappearance of the white matter hypersignal usually within 15 days. In the most severe forms, ischemic complications may occur, leaving irreversible lesions. Although the pathophysiology is not fully understood. Recently there have been increased reports of PRES induced by several chemotherapeutic agents. The differential diagnoses of PRES are ischemic stroke and cerebral venous thrombosis, infectious encephalitis, para-neoplastic encephalitis or progressive multifocal leukoencephalitis. An early and adapted management usually allows preventing the occurrence of irreversible sequelae.

Keywords: Press syndrome; Chemotherapy; MRI

Declaration of Interests

The authors declare that they have no competing interests.

*Corresponding author: Amalik S, Department of Radiology, Oncology National Institute, Rabat, Morocco, Tel: +212672257226; E-mail: sanaeamalik@gmail.com

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