Acute demyelination with leukoencephalopathy and cerebellar involvement in vitamin B12 deficiency

Desmielinização aguda com leucoencefalopatia e envolvimento cerebelar na deficiência de vitamina B12

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A 49-year-old woman presented with progressive ascending quadriparesis associated with paresthesias and recent wide-based gait. Cognitive impairment associated with reduced vibration and proprioception sense was observed. Brain MRI documented the presence of extensive white matter demyelination (Figure 1). Megaloblastic anemia, low B12 level and chronic gastritis were confirmed (Figure 2).

Vitamin B12 acts as a coenzyme in the methylmalonyl-CoA mutase reaction, essential for myelin biosynthesis¹. This vitamin deficiency may result in a variable neurologic presentation^{1,2}, including spinal cord, brain and cerebellar involvement. Our report supports the importance of performing diffusion and intravenous contrast administration to evaluate MRI evidence of acute demyelination in this setting.

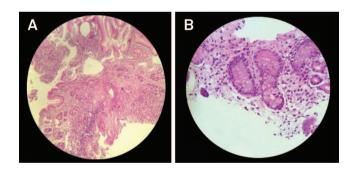


Figure 2. (A and B) Endoscopic biopsy illustrating the presence of chronic gastritis with intestinal metaplasia.

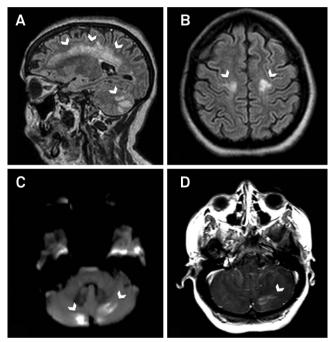


Figure 1. (A) FLAIR images demonstrated signal hyperintensity in the supra- and infratentorial white matter, (B) which was restricted to the corticospinal tracts in the subcortical precentral gyri. (C) Restricted diffusion was only observed in the cerebellum, (D) consistent with the patient's recent cerebellar symptoms and associated with gadolinium enhancement.

References

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