

CLIPPERS: a recognizable image of a treatable disease

CLIPPERS: uma imagem reconhecível de uma doença tratável

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An 80-year-old man with a history of stroke presented with eyelid ptosis of three years' duration. Magnetic resonance imaging (MRI) of the brain revealed findings (Figure 1) consistent with chronic lymphocytic inflammation with pontine perivascular enhancement responsive to steroids (CLIPPERS). As limitations precluded anatomopathological examination and the imaging pattern was characteristic enough to support

treatment without biopsy, the decision was made to prescribe long-term corticosteroids. At the two-year follow-up, MRI findings had regressed (Figure 2) and the patient had improved clinically, meeting criteria for treatment response¹. Biopsy is indicated when symptoms and MRI findings are unresponsive to treatment². The differential diagnosis should include CNS lymphoma, neurosyphilis, and vasculitides^{3,4}.

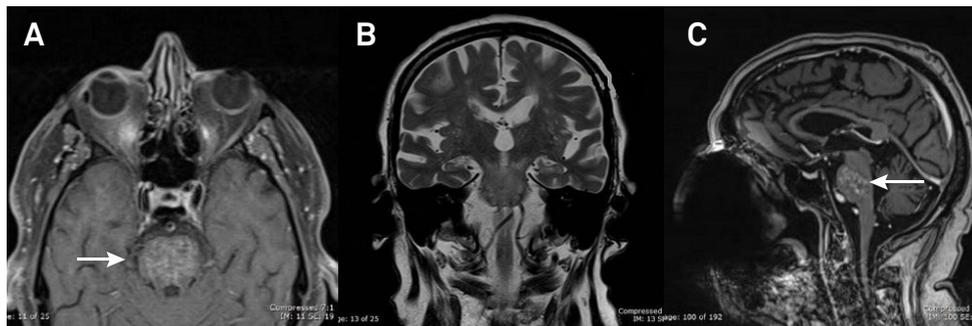


Figure 1. Contrast-enhanced brain MRI showing brainstem hyperintensity (white arrows) and disseminated perivascular areas of nodular enhancement, consistent with idiopathic inflammatory rhombencephalitis. There is evidence of cerebral and cerebellar volume reduction (Figure B).

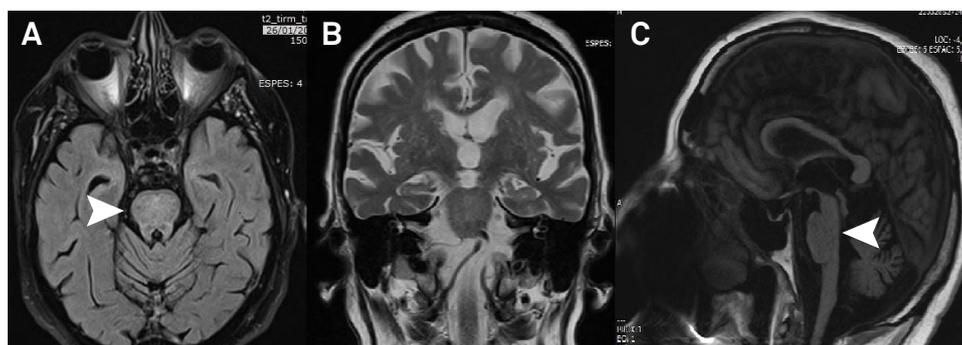


Figure 2. Contrast-enhanced brain MRI at the two-year follow-up. There is significant reduction of abnormal hyperintensity and contrast uptake in the brainstem (arrowhead) compared with the previous scan.

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