

Diffuse leptomeningeal enhancement in neurosarcoidosis-related longitudinally extensive myelitis

Realce leptomeníngeo difuso na mielite longitudinalmente extensa relacionada à neurossarcoidose

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A 35-year-old man presented with a 1-month history of bilateral lower limb weakness and numbness. On examination, he had paraparesis with lower limbs hyperreflexia, and T5 sensory level. Magnetic resonance imaging (MRI) of the spine revealed a longitudinally extensive myelitis (LETM) with a diffuse leptomeningeal enhancement (→ **Figure 1**). Thorax computed tomography (CT) disclosed bilateral hilar lymphadenopathy. A transbronchial lymph node fine-needle biopsy revealed noncaseating granulomas. Considering this finding, probable neurosarcoidosis was diagnosed.

Leptomeningeal involvement is a remarkable finding in neurosarcoidosis.¹ When central nervous system (CNS) involvement occurs concomitantly with a widespread leptomeningeal enhancement, sarcoidosis should be considered as a possible differential diagnosis.²

Authors' Contributions

FFA, MPMM: conceptualization, writing – original draft, writing – review & editing; JLP, OGB: conceptualization, writing – review & editing.

Conflict of Interest

The authors have no conflict of interest to declare.

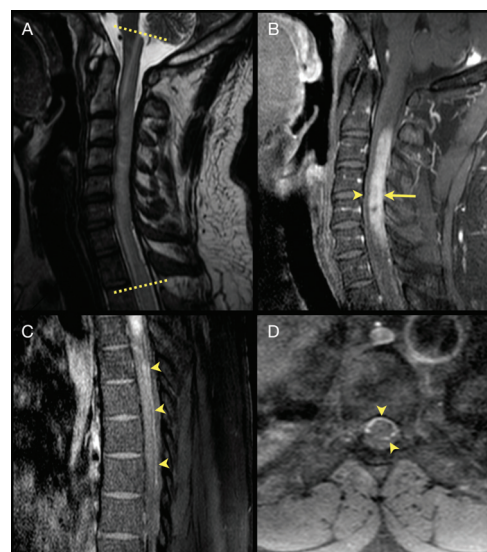


Figure 1 T2-weighted (A) image of the cervical spine demonstrates a longitudinally extensive myelitis (between the dashed lines). Contrast-enhanced T1-weighted (B) image with an extensive posterior spinal enhancement (arrow), and an anterior meningeal enhancement (arrowhead). Contrast-enhanced T1-weighted (C) of the thoracic spine disclosing an extensive posterior leptomeningeal enhancement (arrowheads), and (D) a circumferential involvement of the thoracic leptomeninges (arrowhead).

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