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Neurosarcoidosis; the great mimicker

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Abstract

We report a 36 Y/O male that present with seizure and a solitary mass-like lesion in brain MRI which was proven to be a non-caseating granulomatous inflammation by biopsy in the context of Neurosarcoidosis.

Keywords: Neurosarcoidosis; Brain mass; Non-caseating granulomatous inflammation.

Description

The patient was a 35 years old man who presented with focal onset seizure with impaired awareness, headache and left hemianopia in the past 3 month. Brain MRI (Magnetic Resonance Imaging) revealed abnormal low T1/high T2 signal intensity with focal nodular leptomeningeal enhancement in periventricular, deep and subcortical white matter of left high parieto-occipital without restriction (Figure 1). The brain biopsy showed non-caseating granulomatous inflammation. Ziehl-Neelsen staining for acid-fast Bacillus was negative (Figure 2). The spiral Chest computed topography (CT) scan taken in 2 months follow up included bilateral symmetric hilar lymphadenopathy (Figure 3). Serum ACE level was 59 U/L (8-52 U/L) but normal CSF (Cerebrospinal fluid) level. He was diagnosed with Neurosarcoidosis and after 5 gram of methylprednisolone injection, Infliximab (the TNF alpha inhibitor agent) started for him. Intracranial granulomatous mass lesions can present in 5-10% of Neurosarcoidosis patients as a tumefactive mass, mimicking a tumor [1-5] .

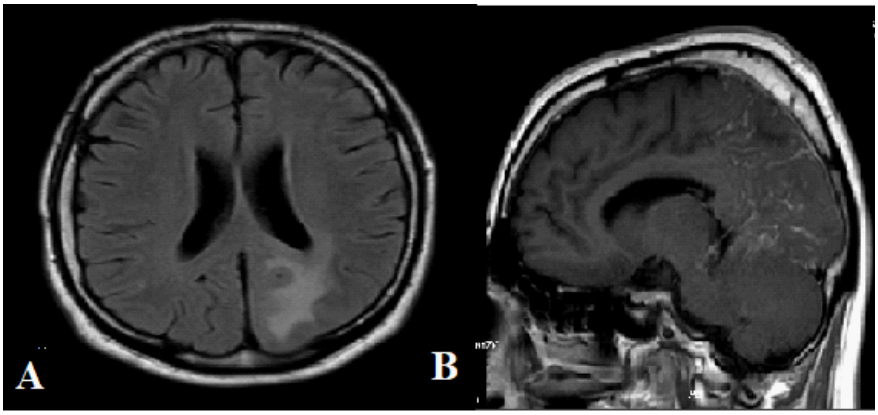

Figure 1: Brain MRI Axial FLAIR **(A)** and Sagittal T1 with Gadolinium **(B)** sequences focal nodular leptomeningeal enhancement in left parieto-occipital without restriction (Not shown).

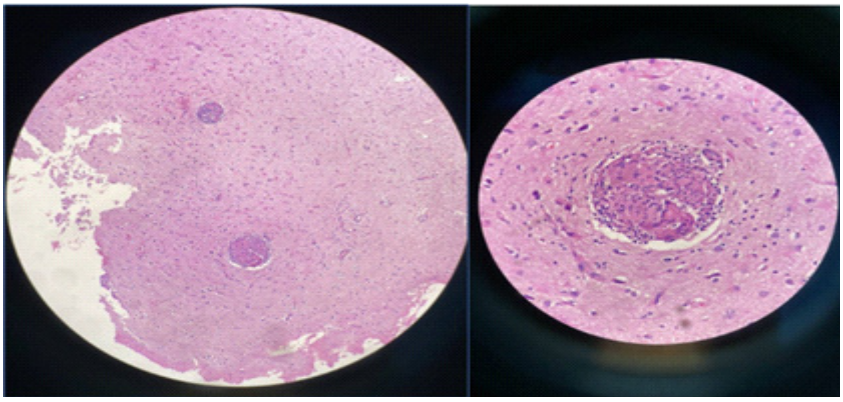

Figure 2: Multifocal lesion brain biopsy showed non-caseating granulomatous inflammation.

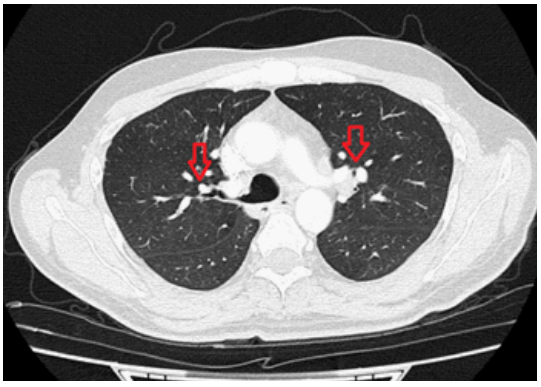

Figure 3: Spiral Chest CT scan depict bilateral symmetric hilar lymphadenopathy (Red arrows).

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