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Marchiafava-Bignami Type A disease: A rare neurological manifestation in oropharyngeal cancer

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Description

Marchiafava-Bignami Disease (MBD) is a rare disorder, traditionally associated with chronic alcohol consumption, characterized by demyelination and necrosis of corpus callosum. However, there have been described in non-drinking patients. We report a 52-year-old male with no relevant medical history who was admitted to the emergency department presenting impaired consciousness and desaturation. The patient exhibited severe malnutrition, nystagmus in horizontal positions, dysphagia and audible stridor on physical examination. Initial cranial CT scan showed hypodensity throughout the entire corpus callosum (Figure 1A). Additionally, cervical CT identified an ulcerative-vegetative neoplasm centered at the vallecular, with infiltration into the epiglottis and tongue base. Confirmatory MRI documented hyperintensity of the corpus callosum with impact on the splenium, and T2 hyperintensity in the white matter of the corona radiata and centrum semiovale (Figure 1B, 1C). Based on clinical and neuroradiographic findings, MBD type A diagnose was made. It was likely precipitated by feeding difficulties secondary to an oropharyngeal cancer.

Fluid replacement and intravenous high-dose thiamine therapy were initiated. Despite these interventions, the patient succumbed to his condition one week later.

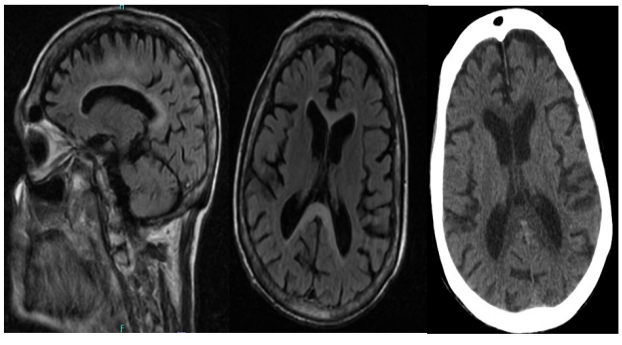

Figure 1: Patient MRI and CT findings. Sagittal **(A)** and axial **(B)** FLAIR images showing areas of hyperintensity throughout the corpus callosum. **(C)** Axial head CT images showing corpus callosum hypodensity (arrowhead).

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