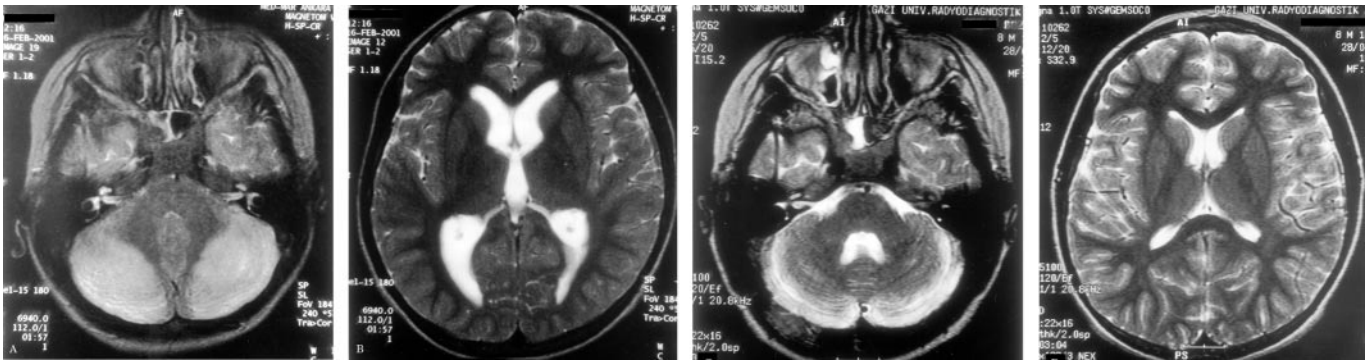


Figure 1. MRI on admission revealing obstructive hydrocephalus (A) and high intensity on T2-weighted imaging in both cerebellar hemispheres (B). Follow-up MRI study on 14th day of treatment showing normal ventricular size (C) and decreased cerebellar hyperintense signals on T2-weighted image and mild atrophy of the cerebellum (D).

Acute cerebellitis with hydrocephalus

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An 8-year-old boy presented with headache, nausea, vomiting, and gait and limbs ataxia 1 week after a respiratory tract infection. MRI showed obstructive hydrocephalus (figure 1A) and bilateral cerebellar swelling with hyperintense signals on T2-weighted imaging (see figure 1B). CSF studies showed mild pleocytosis. The diagnosis was acute cerebellitis. Following treatment with acyclovir and corticosteroids, the clinical and radiologic signs resolved (figure 2). The patient made an uneventful recovery, with elimination of neurologic deficit.

Cerebellitis is an inflammatory syndrome of cerebellar dysfunction that may result from viral or autoimmune etiologies.[1] MRI shows hyperintense signals of cerebellar gray matter in T2-weighted sequences, which is a strong indication of a diagnosis of acute cerebellitis.[2] Resolution of the hyperintense areas in the cerebellar cortex can be associated with recovery from the clinical manifestations, although MRI shows mild cerebellar atrophy, as in the current case.

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Received July 25, 2002. Accepted in final form January 30, 2003.

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Neurology®

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Neurology 2003;60;1717
DOI 10.1212/01.WNL.0000064168.64413.FF

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