QUESTIONS

1. Consider the following case.
   The following brain scans were taken on a young male with somnolence and irritability. What is the diagnosis?

2. With regards to Susac’s syndrome, are the following statements true or false:
   (a) It is due to an inflammatory micro-angiopathy.
   (b) It is a monophasic illness.
   (c) High frequency hearing loss is typical.
   (d) Hyperfluorescence of retinal arterioles is seen on fluorescein angiography.
   (e) Oligoclonal bands are usually seen in the CSF.

Figure 1  (a) T1 post gadolinium enhanced coronal MR image. (b) T1 post gadolinium enhanced sagittal MR image. Case and images courtesy of Dr John Hesselink, http://spinwarp.ucsd.edu/NeuroWeb, with permission.
3. Please read the following:

The local family doctor arranged an ambulance for this man when he found him drowsy and cyanosed. In the ambulance he was intubated. A central line was inserted because of poor peripheral venous access. On arrival at hospital he had fixed, dilated pupils, but he did flex to pain.

An immediate attempt at extubation failed, so he was admitted to intensive care and started on cefotaxime and metronidazole for possible aspiration.

He underwent the following investigations:

- Hb 12.4 g/dL, WBC 8.6 x10⁹/L, platelet count 244 x10⁹/L, MCV 98 fl, B₁₂ 160 ng/L, folate 120 μg/L (normal: 149-640 μg/L), LFTs slightly deranged, Us & Es normal. ESR, CRP: normal. CT head, CSF analysis: normal. Chest X-ray: basal atelectasis, correctly positioned endotracheal tube and central line.

Three days later he was alert and saturating normally on air when ventilated, but rapidly desaturated when the ventilator rate was turned down to stimulate self-ventilation.

On re-examination he still had fixed pupils (Fig. 3).

What is the diagnosis?

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Paul Goldsmith*, Graham Lennox* and Julian Ray†
Departments of *Neurology and †Neurophysiology, Addenbrooke’s Hospital, Cambridge, UK.
Email: paul-goldsmith@cantab.net
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