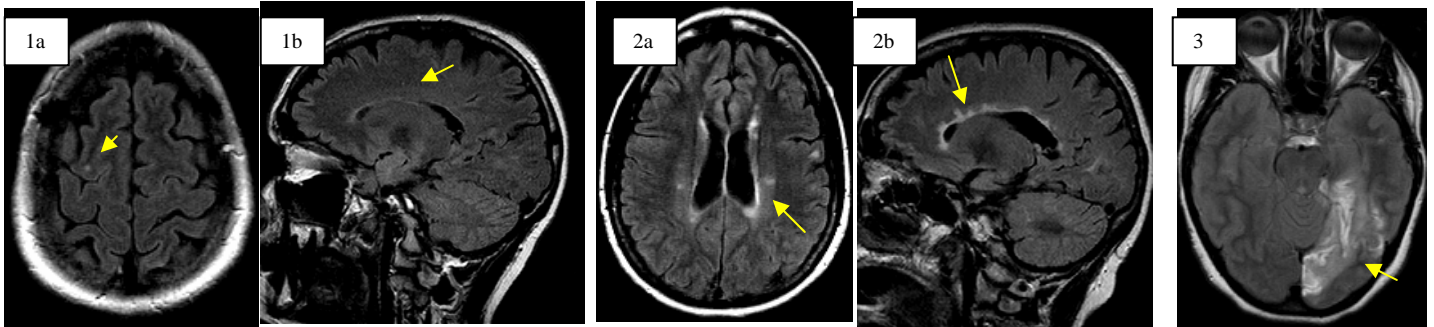


### INTERESTING CASE PRESENTATION



The above cases were presented by **Dr. Mitchell Kaufman\*** and I at the **Fun Presentation Party #1** on Friday February 6<sup>th</sup> at the Odyssey.

**Patient #1:** A 41-year-old female who presented to Dr. Kaufman with neurologic symptoms including visual changes initially diagnosed as optic neuritis. Previously diagnosed with “nonspecific vasculitis” per skin biopsy, she also suffered from oral/genital ulcers in the past. **Fig. 1a-b** are axial and sagittal MRI FLAIR images showing a few subtle nonspecific white matter foci.

**DDX:** These bright white matter foci (informally referred to as “unidentified bright objects” or “UBO’s”) are nonspecific and can be seen with demyelination, vasculitis, migraines, prior trauma, prior viral process such as Lyme’s disease and small vessel disease depending on the clinical setting.

**DIAGNOSIS:** Extensive work-up by Dr. Kaufman and other doctors in Lancaster and at UCLA point to the diagnosis of Bechet’s syndrome.

**Bechet’s syndrome:** An autoimmune vasculitis with constellation of oral ulcers, genital ulcers, eye inflammation (iritis, uveitis, retinal vasculitis), arthritis/arthralgia, nervous system symptoms, stomach and/or bowel inflammation, deep vein thrombosis, superficial thrombophlebitis, cardiovascular problems of inflammatory origin, inflammatory problems in chest and lungs, problems with hearing and/or balance, extreme exhaustion, changes of personality, psychoses, etc.

**Multiple Sclerosis:** For comparison, **Fig. 2a-b** demonstrate typical plaques in a patient with MS. Most of these plaques are periventricular and perpendicular to the lateral ventricles along the white matter tracts, which on the sagittal FLAIR images are referred to as **Dawson’s fingers**.

**Patient #2:** A 35-year-old female who presented to Dr. Kaufman with stroke-like symptoms. **Fig. 3** demonstrates a subacute infarct in the distribution of the left posterior cerebral artery (of 2-weeks duration).

**DDX:** Numerous causes of stroke in a young patient exist including coagulopathy, vasculitis, and cardiovascular disease.

**DIAGNOSIS:** Transesophageal echocardiogram (TEE) revealed a **Patent Foramen Ovale**.

Thanks to those who attended the presentation party, and we missed the ones who could not make it. **The next Fun Presentation Party will be held also at the ODYSSEY on Friday, March 5<sup>th</sup>, 2004. Please RSVP ASAP, and also please let me know if you have interesting cases to show.**

*Ray Hashemi, MD*

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