



Posterior Reversible Leukoencephalopathy Secondary to Gemcitabine

Gemcitabine Kullanımına İkincil Posterior Geri Dönümlü Lökoensefalopati

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A 49-years-old male patient who was operated for adenocarcinoma of the pancreatic head was started on a 7-week-long gemcitabine chemotherapy by the oncology clinic. A neurology consultation was asked due to the start of consciousness changes, sleepiness and blurry vision following the offset of the chemotherapy. The patient did not show any remarkable findings in the neurological examination and his arterial blood pressure was 150/100 mmHg. In the cranial magnetic resonance (MR) imaging, a multifocal white matter lesion was found in the infra and supratentorial regions, located in the deep white matter on bilateral cerebellar and cerebral hemispheres, appearing to be confluent in the upper brain stem. This finding was mildly hypointense in the T1A images, at high intensity in the T2A and FLAIR (Figure 1) images and at increased diffusion in the diffusion weighted images (Figure 2). No pathological contrasting was found in the lesions detected in post-contrast T1A series. In the literature search, a small number of cases were found describing reversible posterior leukoencephalopathy in the pancreatic cancer patients following gemcitabine treatment (1,2). The patient who was under close monitoring for his arterial pressure had partial improvement in his symptoms. In the follow-up cranial MRI conducted approximately at 2 months, the complete resorption in the reversible posterior leukoencephalopathy-related white matter lesions verified the diagnosis (Figure 3).

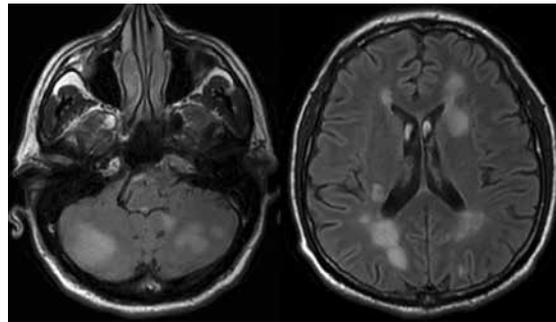


Figure 1. Numerous lesions can be observed in the posterior fossa and supratentorial region located subcortically and at deep white matter level, as seen in the axial FLAIR slices.

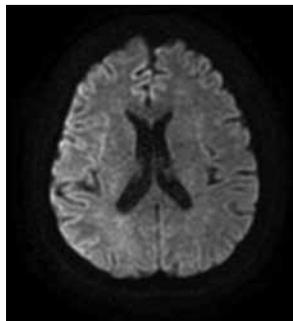


Figure 2. A mild increase in diffusion in the white matter lesions can be seen in the diffusion-weighted MR images.

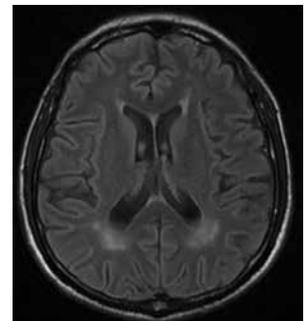


Figure 3. All of the white matter lesions were seen to be resorbed in the high ventricle slices of the axial FLAIR sequence taken after two months.

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Received/Geliş Tarihi: 25.09.2013 **Accepted/Kabul Tarihi:** 06.12.2013

Key words: Gemcitabine, posterior reversible encephalopathy syndrome

Anahtar Kelimeler: Gemitabin, geridönüşlü posterior ensefalopati sendromu

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