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An atypical clinical and radiological presentation of progressive multifocal leukoencephalopathy: A case report

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Progressive multifocal leukoencephalopathy (PML) is an opportunistic infection of the central nervous system (CNS) caused by JC virus. Even if 80% of PML cases occur with concomitant HIV infection, immunosuppression is a major risk factor and lymphoreticular malignancies are the most common non-AIDS etiology. We report the case of a 54-year-old lady known for an acute promyelocytic leukemia in remission who presented with progressive myoclonus evolving on a 8 month period, involving at first the right lower limb. The brain MRI interpretation was challenging; the subcortical bilateral symmetric involvement of both precentral gyri and multifocal patchy enhancement represented an unusual radiologic pattern. The initial differential diagnosis following the first abnormal brain MRI included perivascular leukemic infiltration, chloroma, angiocentric lymphoma, paraneoplastic syndrome or opportunistic infections. After the fourth normal lumbar puncture, the decision to biopsy the active lesion in the right motor cortex led to PML diagnosis. This case is reported to underline the importance of considering PML infection in the differential diagnosis of progressive neurological deficits and white matter lesions even in the presence of atypical features. Images of the brain MRI and the biopsy will be presented.