Neurological picture. Sarcoidosis presenting with hydrocephalus

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Neurological picture

Sarcoidosis presenting with hydrocephalus

CASE REPORTS

Case No 1
A 33-year-old Afro-American man, born in Surinam, without a previous medical history, presented with a 3 week history of headache, nausea and walking difficulties. Neurological examination showed bradynphenia and left-sided hemiparesis. Head MRI showed a focal dilated right lateral ventricle caused by a cystic lesion (fig 1A). CSF revealed a leucocyte count of 681/ml (67% lymphocytes) and a protein level of 1.04 g/l. CSF cultures and serological tests for *T. solium*, *T. pallidum*, *Echinococcus* and *Borrelia burgdorferi* species were negative; cultures and PCR were normal. 18FDG-PET showed para-aortal and parainguinal lymphadenopathy in the chest, abdomen and neck (fig 1B). Release and activation of platelet and white blood cells during dissolution with plasmin. Nat Med 1995;1:932–7.


COMMENT
Our cases show that sarcoidosis should be actively sought for in patients presenting with hydrocephalus and pleiocytosis, and also in those without a known systemic sarcoidosis and normal chest x ray and serum levels of ACE and lysozyme. Hydrocephalus has been described in 5–7% of patients with neurosarcoidosis, but rarely as the presenting symptom. 1–4 All patients with hydrocephalus as the presenting symptom of neurosarcoidosis in the literature had a previous medical history of systemic sarcoidosis. 1–4

Diagnosing neurosarcoidosis can be challenging, and diagnostic criteria have been proposed. 1 Using these criteria, the diagnosis of probable neurosarcoidosis can be made with a clinical presentation compatible with neurosarcoidosis, exclusion of other possible causes and positive histology. Positive nervous system histology is required to diagnose definite neurosarcoidosis. Our patients met the criteria for probable diagnosis of neurosarcoidosis with a clinical presentation compatible with neurosarcoidosis, exclusion of other possible causes and positive histology. 1–4

A retrospective cohort study described 68 patients with definite or probable neurosarcoidosis. 1 Five patients (7%) had hydrocephalus. CSF examinations were performed in 62 patients, and 34 (55%) had raised CSF white cell counts, ranging from 200 to 700/ml. In this case series, chest x ray was abnormal in 21 of 68 patients (21%) and serum ACE levels were abnormal in 12 of 51 patients (24%). The diagnostic accuracy of 18FDG-PET scanning in the diagnosis is unknown but in our experience it can be helpful in the detection of lymphadenopathy and so facilitate diagnostic biopsy.
Figure 1 Case No 1. Axial (A) fluid attenuated inversion recovery weighed MRI shows focal cystic dilation of the occipital horn of the right lateral ventricle and transependymal CSF effusion. 

$^{18}$F-fluorodeoxyglucose positron emission tomography (B) shows enhancing lymph nodes supraclavicular, mediastinal, in the liver hilus, para-aortal and paraaortic.

Case No 2. Axial (C) T2 weighted MRI showing hydrocephalus with transependymal CSF effusion. Granulomatous lymphadenitis from fine needle aspirate in case No 1 (D, Giemsa stain; 135 ×; 1 cm = 74 μm) and case No 2 (E, Giemsa stain; 270 ×; 1 cm = 37 μm).

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