Conus medullaris syndrome in Vogt-Koyanagi-Harada disease: an unusual presentation

Síndrome de cone medular na doença de Vogt-Koyanagi-Harada: uma apresentação não usual

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A 25-year-old woman presented over one week with subacute flaccid paraparesis, saddle anesthesia and sphincter dysfunction, compatible with conus medullaris syndrome. Lumbar magnetic resonance imaging (MRI) (**Figure 1**) showed spinal

Figure 1 Axial T2-weighted (A) and sagittal (C) short-TI inversion recovery (STIR) magnetic resonance imaging with central hyperintense signal associated with lumbosacral intumescence and conus medullaris edema. Axial (B) and sagittal (D) contrast-enhanced T1-weighted magnetic resonance imaging with leptomeningeal enhancement.

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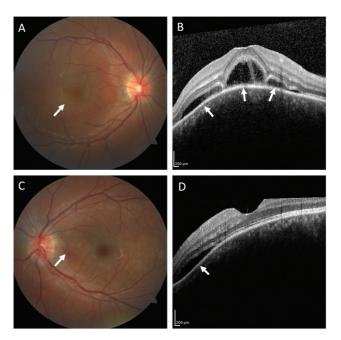


Figure 2 Right (A) and left (C) eyes retinography depicting hyperemic optic discs and areas of retinal detachment (white arrows). Macular horizontal B-scans reveal bilateral serous retinal detachment, located in the foveal and parafoveal regions in the right eye (B) and in the nasal retina in the left eye (D) (white arrows).

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Incomplete Vogt-Koyanagi-Harada disease (VKHD) was diagnosed based on the combination of bilateral granulomatous panuveitis and aseptic meningitis.¹ Spinal cord involvement is a frequent manifestation of neurological inflammatory diseases, and VKHD should be considered when typical eye, ear, and skin symptoms are present.^{2,3}

Authors' Contributions

FFA: conceptualization, visualization, writing – original draft, and writing – review & editing; MPMM: conceptualization, visualization, writing – original draft, and writing – review & editing; WF: conceptualization, visualization, writing – original draft; FMRF: visualization, writing – original draft; JLP: conceptualization and writing – review & editing; OGPB: conceptualization, visualization, writing – original draft, and writing – review & editing.

Conflict of Interest

The authors have no conflict of interests to declare.

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