

Case Study – Central Pontine Myelinolysis**Clinical History:**

Decompensated alcoholic liver disease and hyponatraemia. Relatively sudden onset of complex neurological symptoms including weakness, dysphagia, diplopia, disturbed consciousness and gait changes.



Figure 1

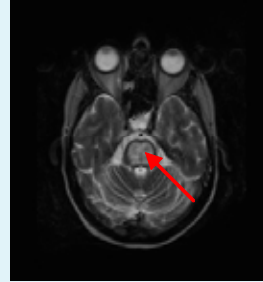


Figure 2

Picture 1: Non enhanced CT of the brain. This picture shows a hypodense appearance of the cerebral pons (red arrow) and a small right frontotemporal chronic subdural haematoma (black arrow).

Picture 2: Low resolution T2W image. This picture shows the extensive demyelination of longitudinally descending tracts and transversely crossing fibers in the basis pontis (red arrow).

Radiological Report:**CT Brain:**

A non enhanced CT of the brain has been acquired. Picture 1 shows a hypodense appearance of the cerebral pons and a small right frontotemporal chronic subdural haematoma. The imaged portion of the fourth ventricle is unremarkable. No obvious space occupying lesions are seen within the cerebellopontine angle area bilaterally.

MRI Brain:

A fast low resolution T2W sequence of the brain has been acquired due to restricted patient compliance. Picture 2 shows acute diffuse oedematous changes affecting the cerebral pons in keeping with a central pontine myelinolysis. There is no evidence of midline shift or of signs of raised intracranial pressure. The cerebellopontine angle area including fourth ventricle is otherwise unremarkable. Incidental note of a small fluid collection within the sphenoid sinus is made.

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