

The utility of FDG-PET imaging in distinguishing PML-IRIS from PML in a patient treated with natalizumab

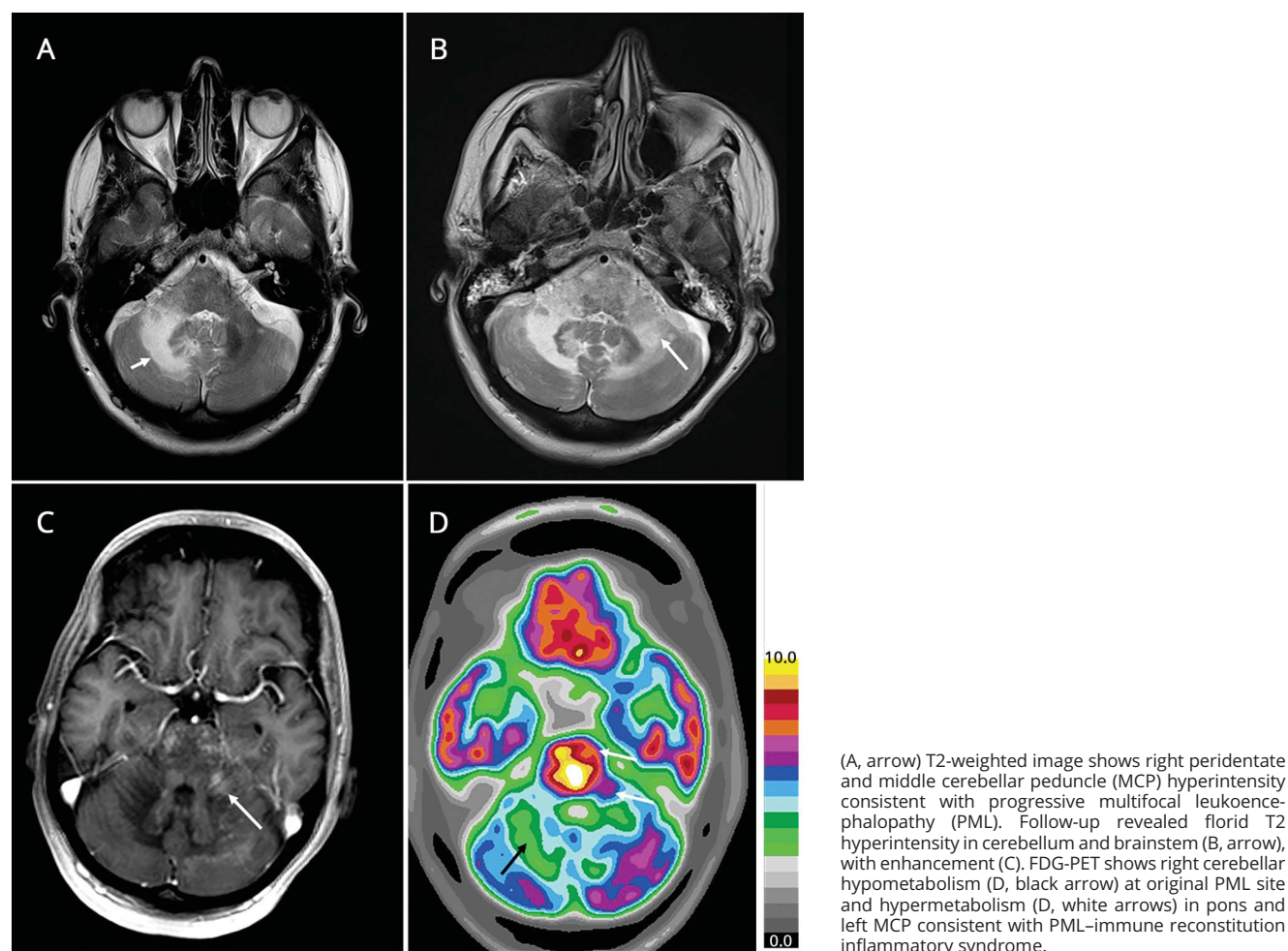
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Figure T2-weighted MRI, T1-weighted contrast-enhanced image, and FDG-PET image



A 57-year-old woman with highly active relapsing-remitting multiple sclerosis (MS) treated with natalizumab developed dysarthria and right-sided hemiparesis. MRI demonstrated T2 hyperintensity (figure, A). CSF JC virus DNA titers were >1.1 M and progressive multifocal leukoencephalopathy (PML) was diagnosed. Natalizumab treatment was withdrawn.

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Four weeks later, bulbar weakness and left-sided hemiparesis developed despite falling JC virus titers. Repeat MRI raised the possibility of either deteriorating PML or PML-immune reconstitution inflammatory syndrome (IRIS) (figure, B and C). FDG-PET confirmed relative hypometabolism at the original site of PML and hypermetabolism in the left pons and middle cerebellar peduncle (figure, D), suggestive of PML-IRIS. Prednisolone was commenced with consequent disease stabilization.

Early treatment with steroids can be critical in blunting inflammation in PML-IRIS; however, their use may be associated with reduced JC virus clearance and subsequent exacerbation of PML. It can be challenging on MRI to distinguish among PML, PML-IRIS, and new MS activity. Thus, FDG-PET, in cases where there is doubt, can provide information to guide therapeutic decisions in this complex clinical context.

Author contributions

A.B.: wrote initial manuscript, subsequent editing and drafting. C.M.: selected images, figure legends, subsequent editing and drafting of manuscript. S.K.: reviewed initial manuscript, formatting and subsequent editing. N.R.: reviewed images and figure legends (MRI). T.D.B.: reviewed images and figure legends (nuclear medicine). H.G.: reviewed manuscript, involved in editing, drafting, and formatting. R.N.: overall manuscript review and senior author, primary supervisor of paper, final editing.

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