


Stabilization of Progressive Multifocal Leukoencephalopathy After Pembrolizumab Treatment

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leukoencephalopathy, progressive multifocal, demyelinating diseases, pembrolizumab, central nervous system viral diseases, central nervous system infections

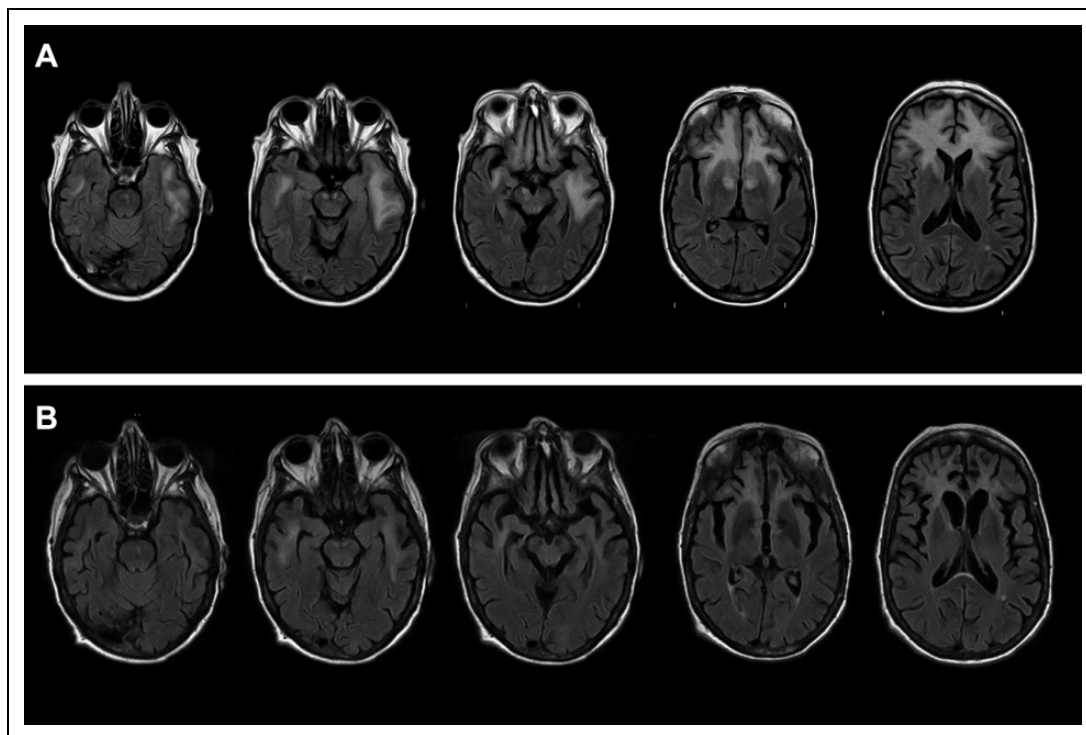


Figure 1. A, MRI brain FLAIR images showing multifocal, nonenhancing (not shown) white matter abnormalities. B, On 4-month follow-up: MRI brain FLAIR images showing significant stabilization/resolution of FLAIR abnormalities with associated atrophy in previously affected areas. FLAIR indicates Fluid-attenuated inversion recovery; MRI, magnetic resonance imaging.

A 69-year-old woman presented with subacute abulia, memory impairment, and gait disturbance, 5 months after completing 6 cycles of R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone) chemotherapy for systemic diffuse large B-cell lymphoma. Magnetic resonance imaging (MRI) of the brain revealed multifocal white matter abnormalities on Fluid-attenuated inversion recovery imaging (Figure 1A), suspicious for progressive multifocal leukoencephalopathy, and subsequently confirmed on brain biopsy. The patient received 4 treatments with pembrolizumab, based on recent reports of possible efficacy.¹ At

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4-month follow-up, there was cognitive improvement and repeat MRI brain (Figure 1B) showed stabilization/improvement in white matter changes with accompanying atrophy.

Declaration of Conflicting Interests

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