

## **MIGRENOUS HEADACHE AND HEMISPHERIC CEREBRAL, PROGRESSIV, OEDEMA IN A YOUNG WOMAN - A CHALLENGING CASE**

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We report a 32-year-old woman with progressive migrenous headache evolving from 9 months with no other medical complaints. Repeated neurological examination, fundoscopies was normal and NSAID just ameliorate for short time the headache. Progressive evolution determined neuroimagistic investigation. Repeated (3 weekly) dynamic computed tomography revealed an increasing left hemispheric oedema.

Patient developed newly diagnosed focal motor right seizure and slightly right hemiparesis. MRI showed multifocal T2-high lesions mainly in the cerebral white matter, in the left hemisphere, and partly in the cerebral cortex. No gadolinium enhancement was found. CSF examination revealed that the cell count was slightly increased (8/mm<sup>3</sup>, protein level (41 mg/dl), and IgG index (0.4) were normal. Encephalitis was evoked but the MR **spectroscopy** rise the possibility of cerebral low grade glioma. Than, a brain biopsy was necessary and revealed demyelinating pathology: demyelinating plaques involving the subcortical U-fibers with sparing of the cortex and deep gray matter. These findings were consistent with progressive multifocal leukoencephalopathy. Her symptoms were subacutely progressive, and she developed akinetic mutism two month after seizure onset. Polymerase chain reaction (PCR) was positive for JC virus.