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Acute post-infectious cerebellitis

Cerebelite aguda pós-infecciosa

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A 19-year-old woman presented with a one-week history of headache, vomiting and ataxia. A few days earlier, she had an upper airway infection. Brain MRI showed diffuse swelling and hyperintensities of the cerebellar hemispheres (Figure). Laboratory studies did not reveal any etiological factor. She was started on mannitol and dexamethasone, completely improving over the next days.

Acute cerebellitis is characterized by diffuse or focal cerebellar swelling[1,2], sometimes compressing or even occluding the fourth ventricle[3]. Treatment relies on corticosteroids[4]. As it may be confused with infiltrative tumors[3], knowledge of this condition is important to avoid unnecessary procedures.

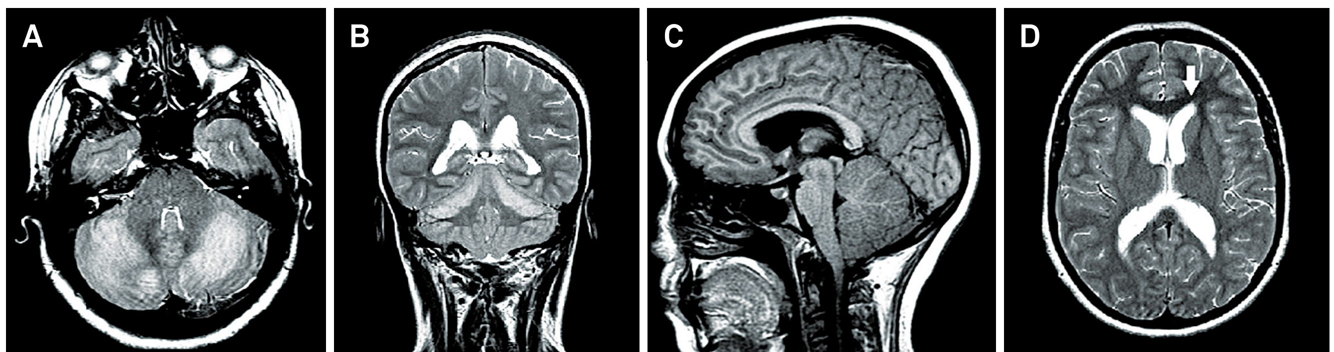

Figure. Brain magnetic resonance imaging at presentation. (A) Axial T2-weighted image shows increased signal intensity in both cerebellar hemispheres and compression of the 4th ventricle; (B) Coronal T2-weighted image showing cerebellar cortex hyperintensities; (C) Sagittal T1-weighted image demonstrating partial compression of 4th ventricle and brainstem; (D) Axial T2-weighted image shows enlargement of the lateral ventricles and subtle intersticial peri-*ependimary edema (arrow).*

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