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Resolution of MRI findings of copper deficiency myeloneuropathy in a patient with Wilson's disease

Resolução dos achados de RNM em paciente com doença de Wilson que desenvolveu mieloneuropatia por deficiência de cobre

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We have previously described the case of a patient with Wilson's disease who developed copper deficiency myeloneuropathy (CDM)[1,2]. One year after zinc withdrawal, mild improvement of sensory symptoms was reported, with unchanged neurologic examination. Urinary copper excretion has increased from 7.4 to 80μg/24 hours and serum zinc level has decreased from 311 to 106μg/dL. Resolution of MRI findings was observed (Figure). She remains on regular

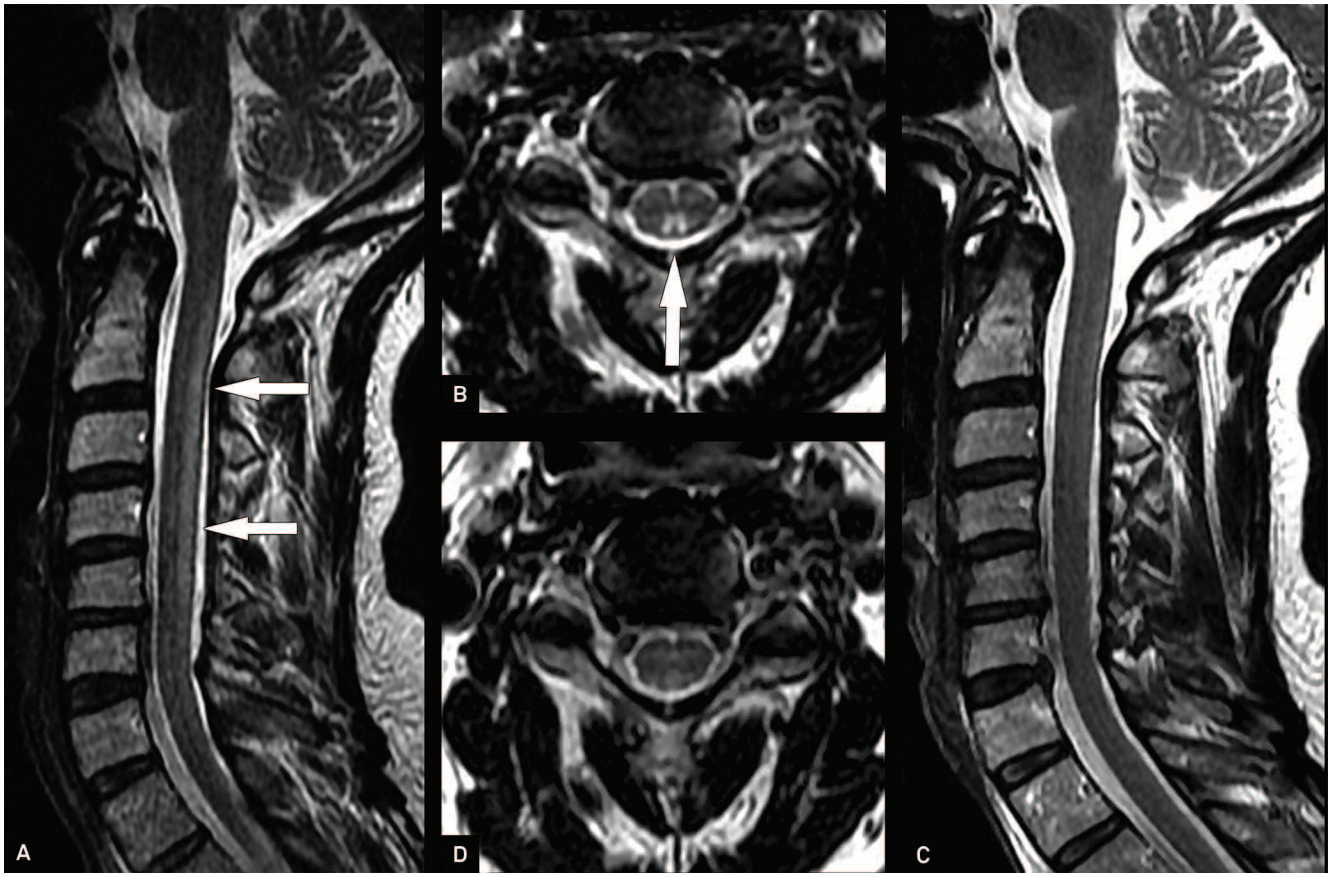

Figure. Initial sagittal (A); axial (B); T_2–weighted images of the cervical spine demonstrate bilateral and symmetric hyperintense lesions involving the dorsal columns of the cervical spinal cord, extending from C_1 to C_6 (arrows); one-year follow-up exam discloses resolution of the lesions in the sagittal (C); axial (D); T_2-weighted images.

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clinical monitoring. These results indicate that zinc withdrawal, without copper supplementation, was enough to prevent CDM progression in our patient. Early diagnosis and management of CDM probably have accounted for this satisfactory outcome.

References

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