A 25-year-old woman presented over one week with subacute flaccid paraparesis, saddle anesthesia and sphincter dysfunction, compatible with conus medullaris syndrome. Lumbar magnetic resonance imaging (MRI) (Figure 1) showed spinal cord edema and intense leptomeningeal enhancement. Six months after, she presented with aseptic meningitis and bilateral vision loss. Optical coherence tomography (OCT) showed bilateral exudative retinal detachments (Figure 2).
Incomplete Vogt-Koyanagi-Harada disease (VKHD) was diagnosed based on the combination of bilateral granulomatous panuveitis and aseptic meningitis.\(^1\) Spinal cord involvement is a frequent manifestation of neurological inflammatory diseases, and VKHD should be considered when typical eye, ear, and skin symptoms are present.\(^2,3\)

Authors’ Contributions

FFA: conceptualization, visualization, writing – original draft, and writing – review & editing; MPMM: conceptualization, visualization, writing – original draft, and writing – review & editing; WF: conceptualization, visualization, writing – original draft; FMRF: visualization, writing – original draft; JLP: conceptualization and writing – review & editing; OGPB: conceptualization, visualization, writing – original draft, and writing – review & editing.

Conflict of Interest

The authors have no conflict of interests to declare.

References