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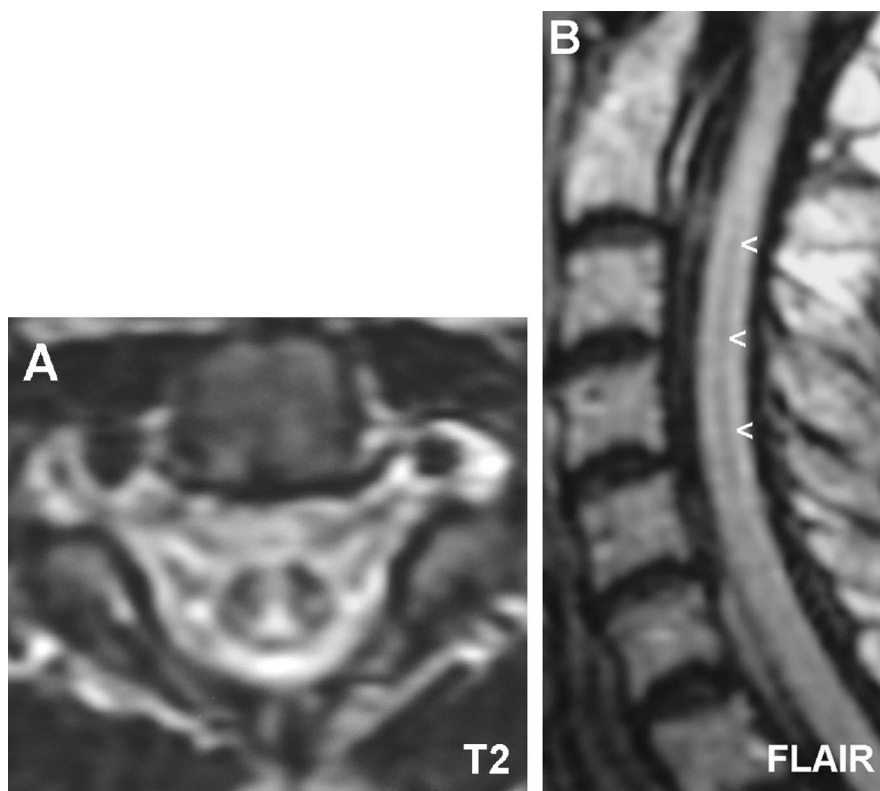


Figure. Cervical MRI upon admission: central spinal cord signal abnormalities, hyperintense in T2-weighted (A) and hypointense in T1-weighted and in fluid-attenuated inversion recovery (FLAIR) images (B), compatible with a hydromyelia. It coexisted with T2-weighted hyperintensities of the posterior, lateral, and anterior columns and completely remitted with vitamin B12 treatment.

Reversible cervical hydromyelia in subacute combined degeneration

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A 53-year-old woman presented with insidiously progressive tetraparesis, C5 sensitive level and urinary incontinence for 16 months. Cervical MRI disclosed signal abnormalities consistent with subacute combined degeneration¹ (SCD), associated with a hydromyelia (figure). Laboratory studies confirmed the diagnosis

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of SCD. Clinical and imagiologic remission occurred with vitamin B12 treatment.

The MRI follow-up studies and the hydromyelia topography suggest that it was formed as a functional consequence of long-tract pathway demyelination.

The presence of hydromyelia, when associated with the characteristic MRI, clinical and laboratorial features of SCD, may be attributed to vitamin B12 deficiency itself.²

1. Pittock SJ, Payne TA, Harper MC. Reversible myelopathy in a 34-year-old man with vitamin B12 deficiency. *Mayo Clin Proc* 2002;77:291-294.
2. Puri V, Chaudhry N, Gulati P. Syringomyelia-like manifestation of subacute combined degeneration. *J Clin Neurosci* 2004;11:672-675.

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