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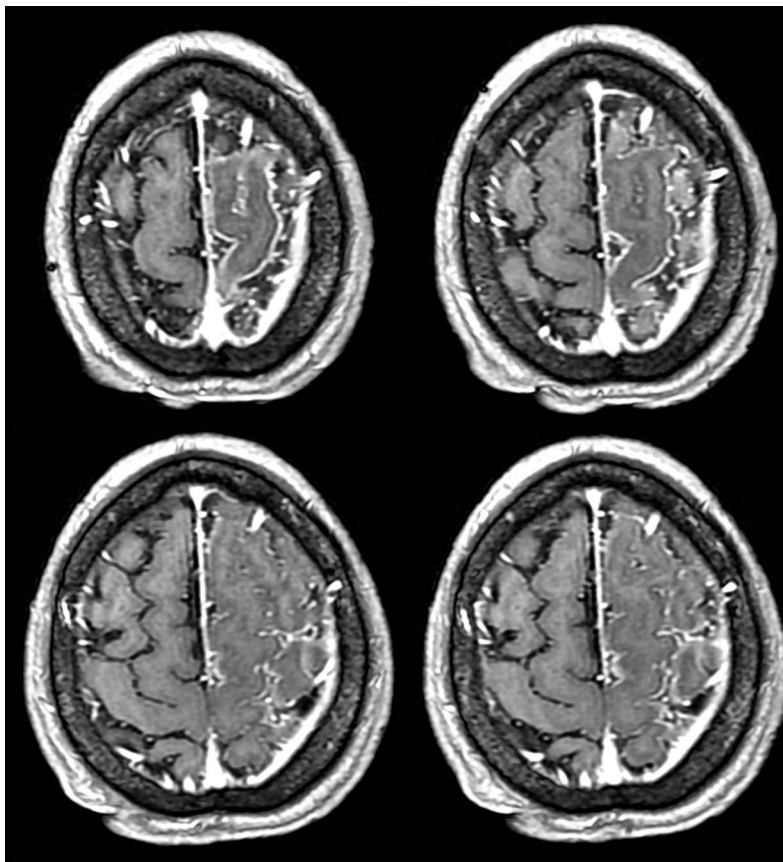
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Figure 1 Contrast-enhanced MRI



Contrast-enhanced MRI T1 sequence shows localized unilateral meningeal enhancement on superior and middle left frontal gyri.

A 78-year-old man with sudden-onset right-sided weakness and mutism had no history of fever, seizures, or headache. On examination, abulia, transcortical motor aphasia, and right dense hemiplegia were noted. Contrast-enhanced brain MRI suggested meningitis (figure 1) and ruled out stroke (figure 2). On CSF analysis, lymphocytic (94%) pleocytosis (163 cells/mm^3), abundant Gram-positive cocci, and hyperproteinorrachy (48 mg/dL) with normal CSF:serum glucose ratio were noted. After 14 days of ceftriaxone plus vancomycin and recovery of hemiparesis (MRC 4/5), speech (improved fluency), and CSF-pleocytosis resolution (2 cells/mm^3), the patient was

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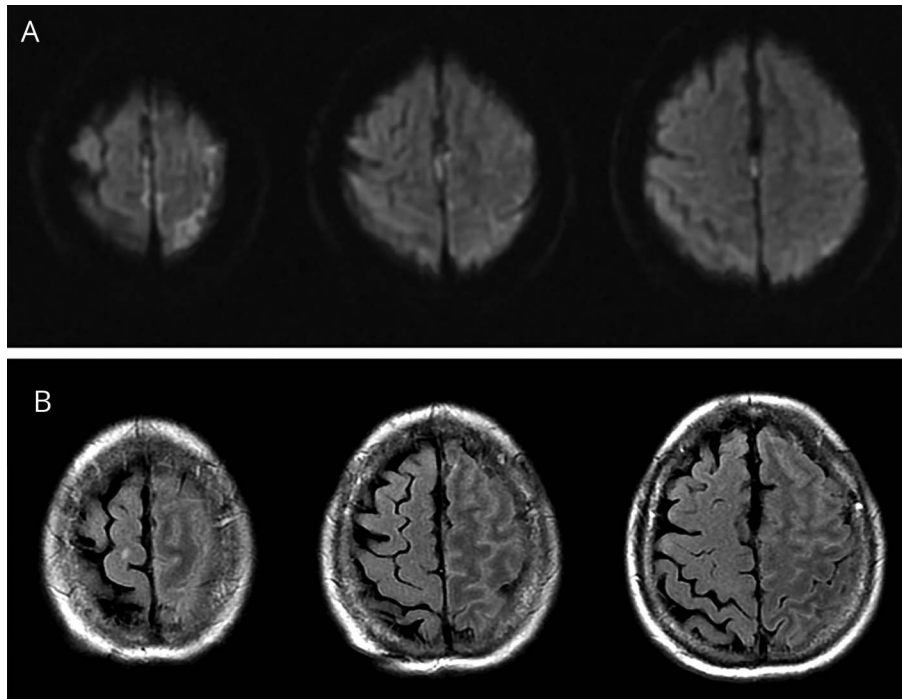
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Figure 2 Noncontrast-enhanced MRI



MRI shows axial diffusion-weighted imaging (DWI) (A) and fluid-attenuated inversion recovery (FLAIR) (B) sequences. There is increased FLAIR signal on prefrontal, superior, and middle left frontal gyri, without any corresponding changes on DWI.

discharged. Localized meningitis is rare. We found 2 reports: one stroke mimic¹ and another associated with necrotizing vasculitis.²

Author contributions

Sergio A. Castillo-Torres: article concept and writing. Héctor R. Martínez: article concept and editing.

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Disclosure

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