Posterior Reversible Encephalopathy Syndrome (PRES) After Acute Pancreatitis

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INTRODUCTION
A 40-year-old female presented to our emergency department with sudden visual loss over a 24-hour period. She was otherwise healthy, but had been admitted two weeks previously with an episode of acute pancreatitis secondary to alcohol intake from which she had recovered uneventfully, and without any obvious sequelae. An urgent magnetic resonance imaging (MRI) scan was performed. This revealed symmetrical areas of hypoattenuation in both posterior parieto-occipital and cerebellar regions (Figures 1, 2). She was seen by a neurologist and diagnosed with posterior reversible encephalopathy syndrome (PRES). After a two-month course of steroids she had almost complete resolution of her vision and the radiological changes had improved.

DISCUSSION
PRES is extremely rare, and usually diagnosed by a history of sudden visual impairment in the presence of specific radiological changes on MRI. Bilateral symmetrical hypodensities in the parieto-occipital areas and cerebellar hemispheres on imaging are characteristic. The condition has been associated with chemotherapy,

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Figure 1. Magnetic resonance imaging scan showing symmetrical areas of increased signal in the occipital lobes (T2 and FLAIR sequences).
FLAIR, fluid-attenuated inversion recovery
Posterior Reversible Encephalopathy Syndrome

Can occur after discharge of patients who seem to have recovered from the disease.

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