A 35-year-old man presented with a 1-month history of bilateral lower limb weakness and numbness. On examination, he had paraparesis with lower limbs hyperreflexia, and T5 sensory level. Magnetic resonance imaging (MRI) of the spine revealed a longitudinally extensive myelitis (LETM) with a diffuse leptomeningeal enhancement (►Figure 1). Thorax computed tomography (CT) disclosed bilateral hilar lymphadenopathy. A transbronchial lymph node fine-needle biopsy revealed noncaseating granulomas. Considering this finding, probable neurosarcoidosis was diagnosed.

Leptomeningeal involvement is a remarkable finding in neurosarcoidosis. When central nervous system (CNS) involvement occurs concomitantly with a widespread leptomeningeal enhancement, sarcoidosis should be considered as a possible differential diagnosis.1

Authors’ Contributions
FFA, MPMM: conceptualization, writing – original draft, writing – review & editing; JLP, OGB: conceptualization, writing – review & editing.

Conflict of Interest
The authors have no conflict of interest to declare.
References
