



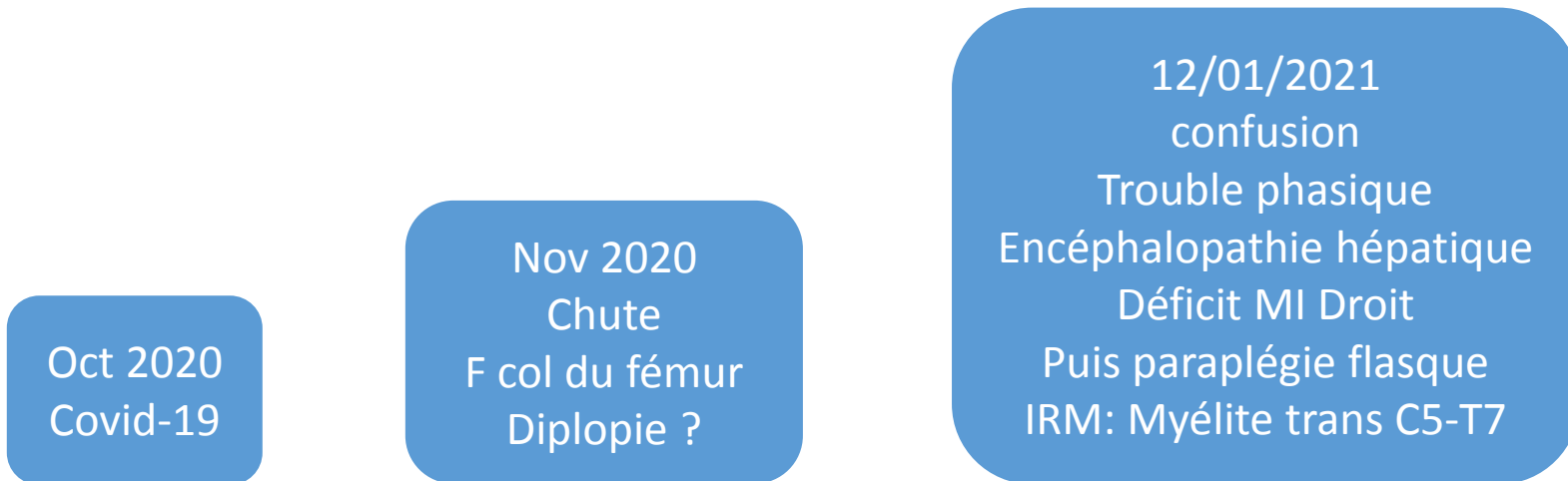
AQP4 et SARS-CoV2

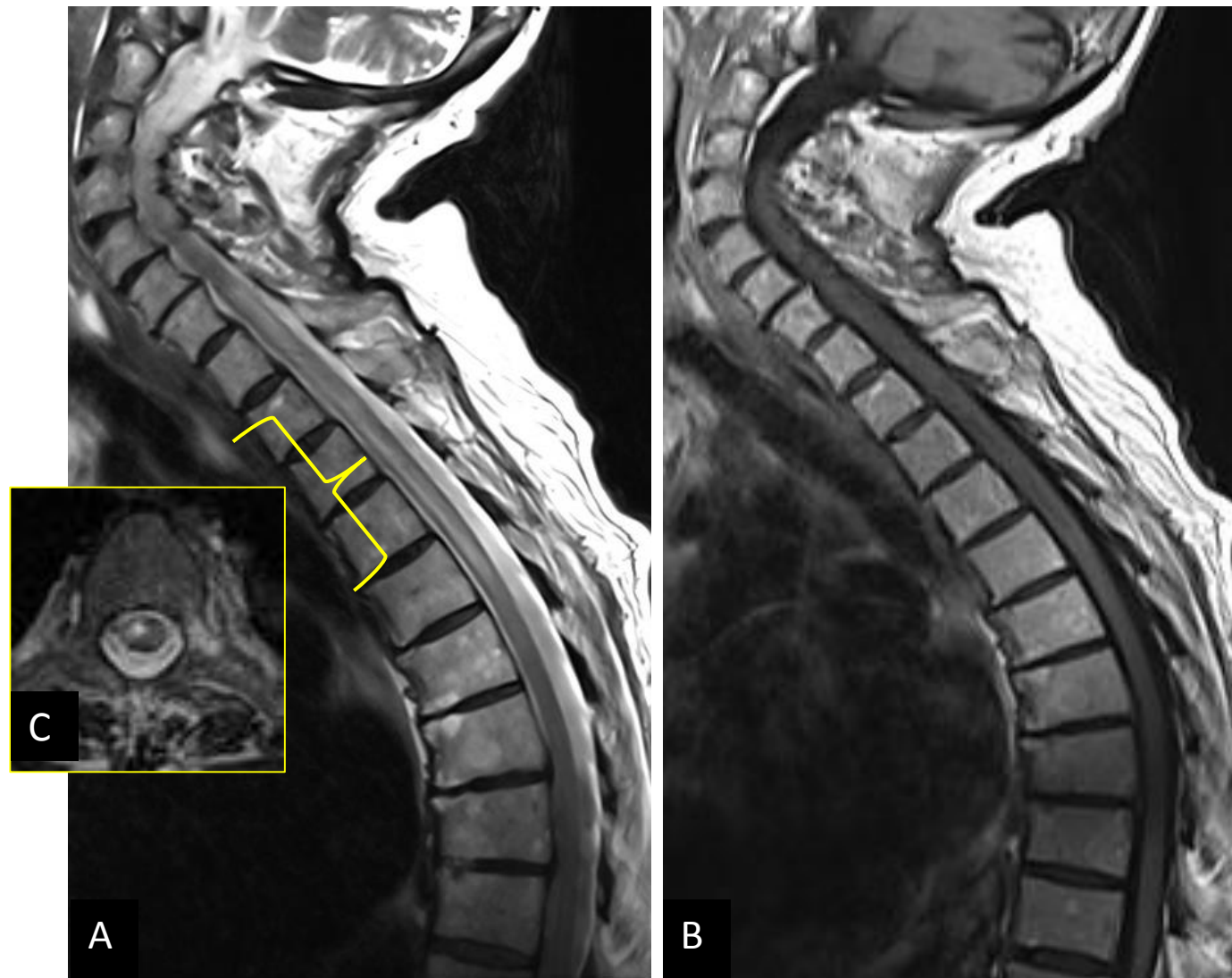
Cas de Mme B.F.

Alexandre Jentzer / Thierry Vincent



- **Patiente de 71 ans**
- **Maladie de Rendu Osler avec atteinte hépatique et digestive (suivie en Médecine Interne)**
- **Syndrome myélodysplasique ss EPO**
- **Pemphigus (2007)**





Spinal cord MRI revealed an extensive myelitis from C7 to T6 on T2-weighted sagittal image (A), without gadolinium enhancement on contrast-enhanced T1-weighted sequence (B). On T2-weighted axial images, a bright spotty lesion is present (C).

> [Mult Scler.](#) 2021 Feb 26;1352458521994259. doi: 10.1177/1352458521994259.

Online ahead of print.

Bright spotty lesions as an imaging marker for neuromyelitis optica spectrum disorder

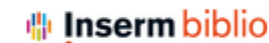
Sara Salama ¹, Michael Levy ²

Affiliations + expand

PMID: 33635151 DOI: 10.1177/1352458521994259

FULL TEXT LINKS

 SAGE journals

 Inserm biblio

ACTIONS

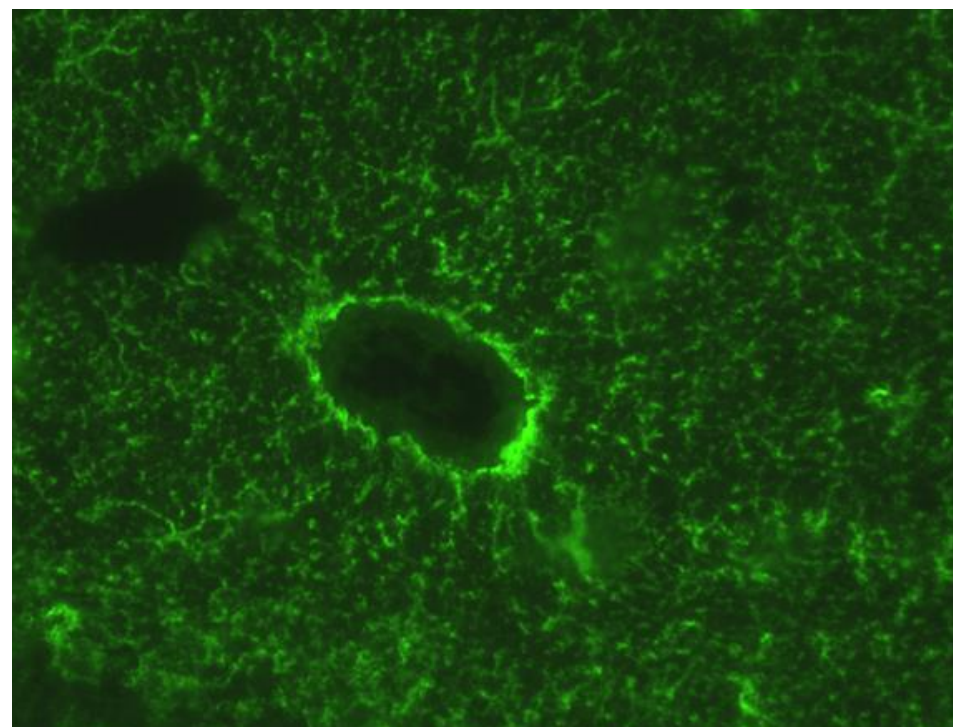
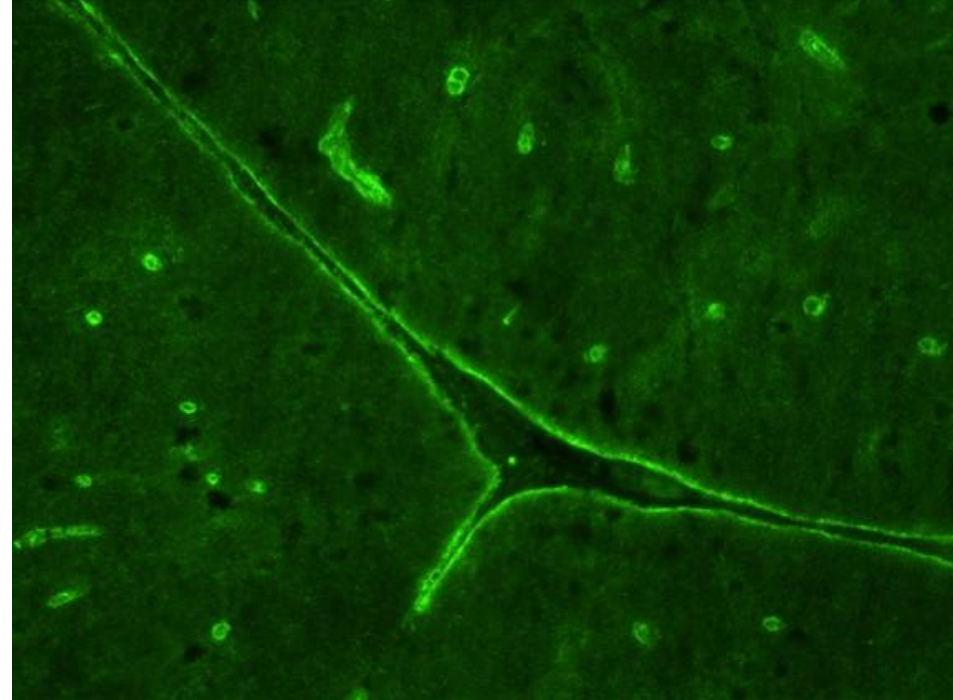
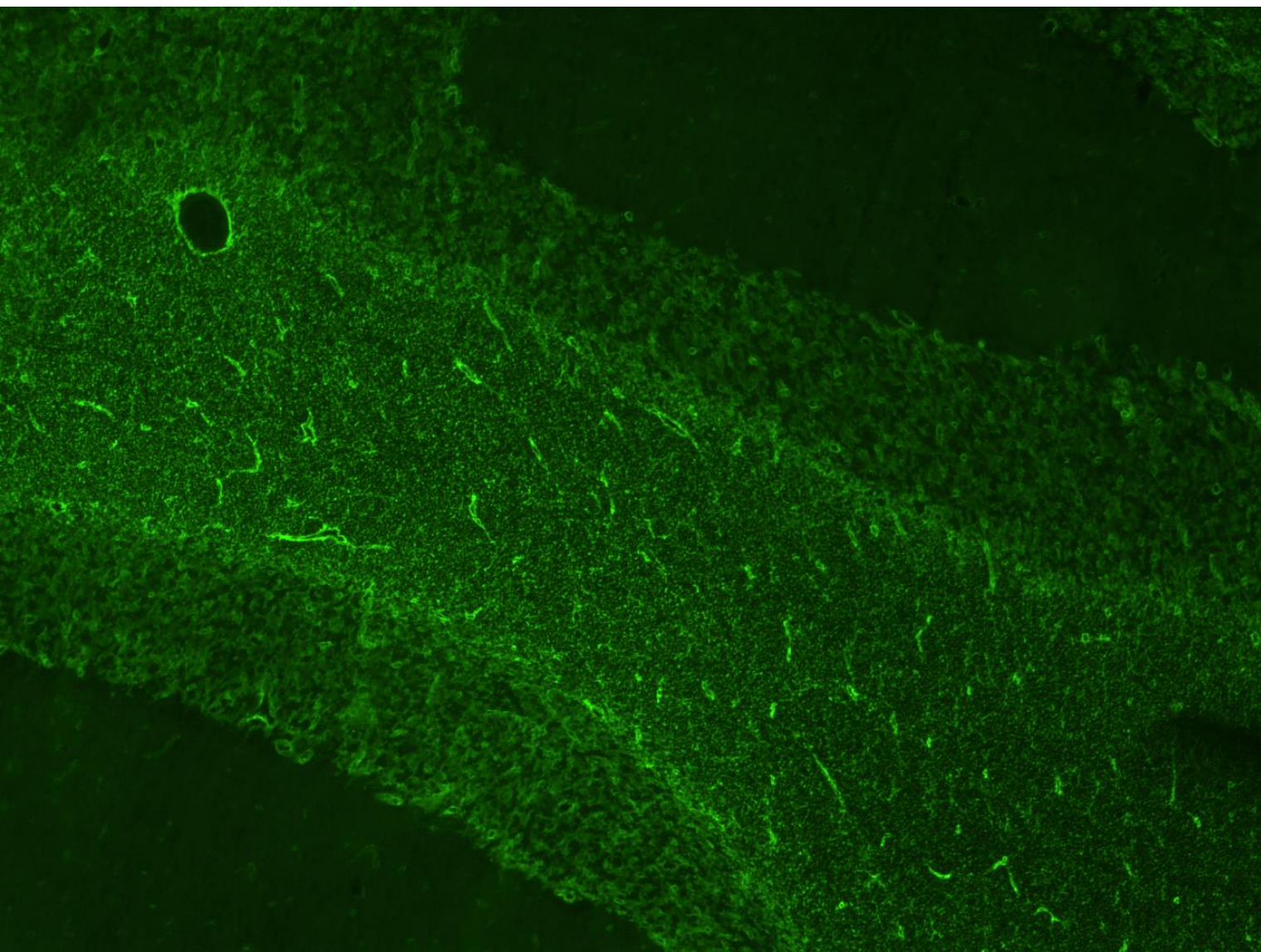
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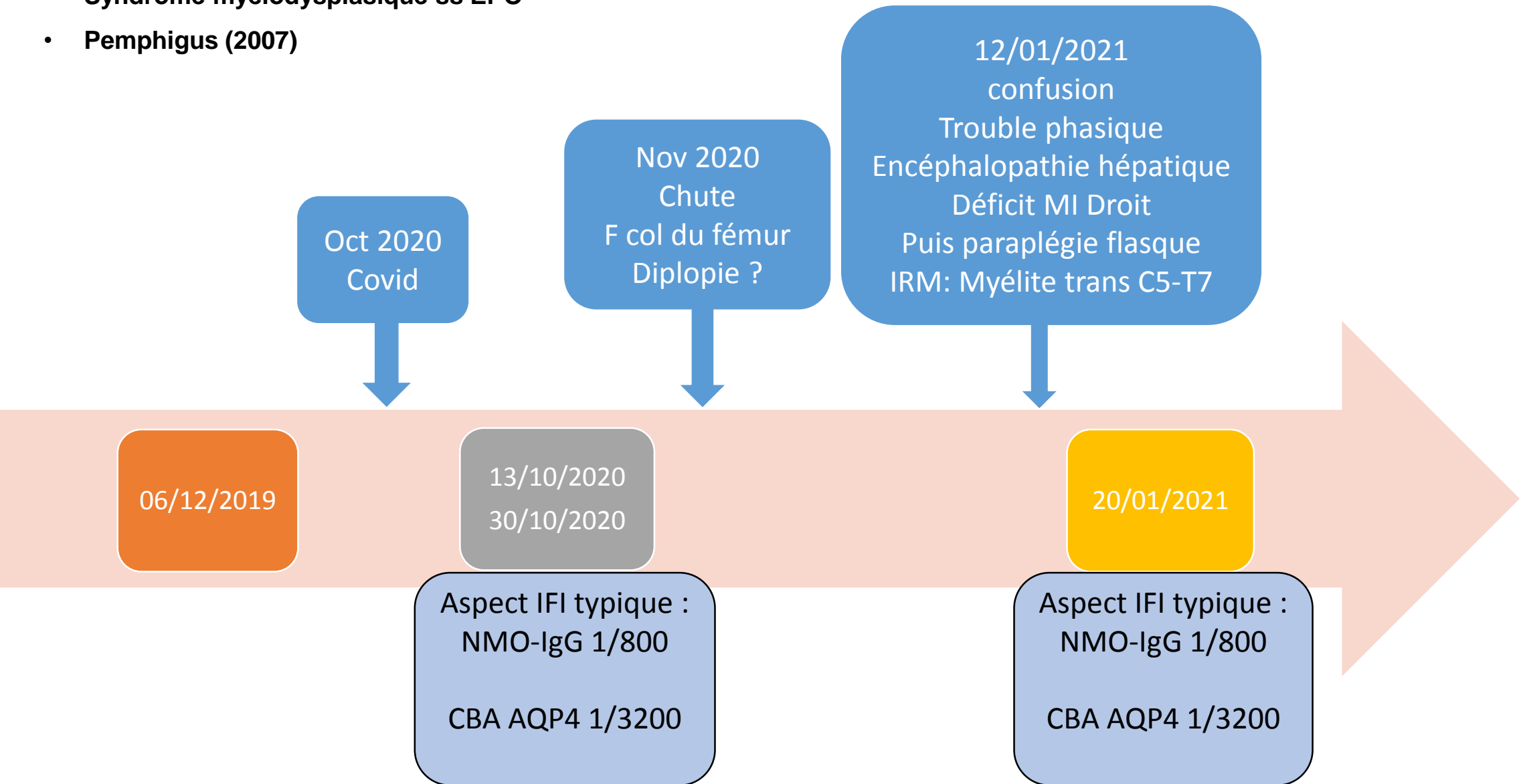
Bright spotty lesions (BSLs), which are defined as hyperintense lesions on axial T2-weighted images and sometimes associated with T1 low signal, are now reported to have a higher specificity and sensitivity compared to LETM in predicting a diagnosis of NMOSD

Sérum du 20-01-2021

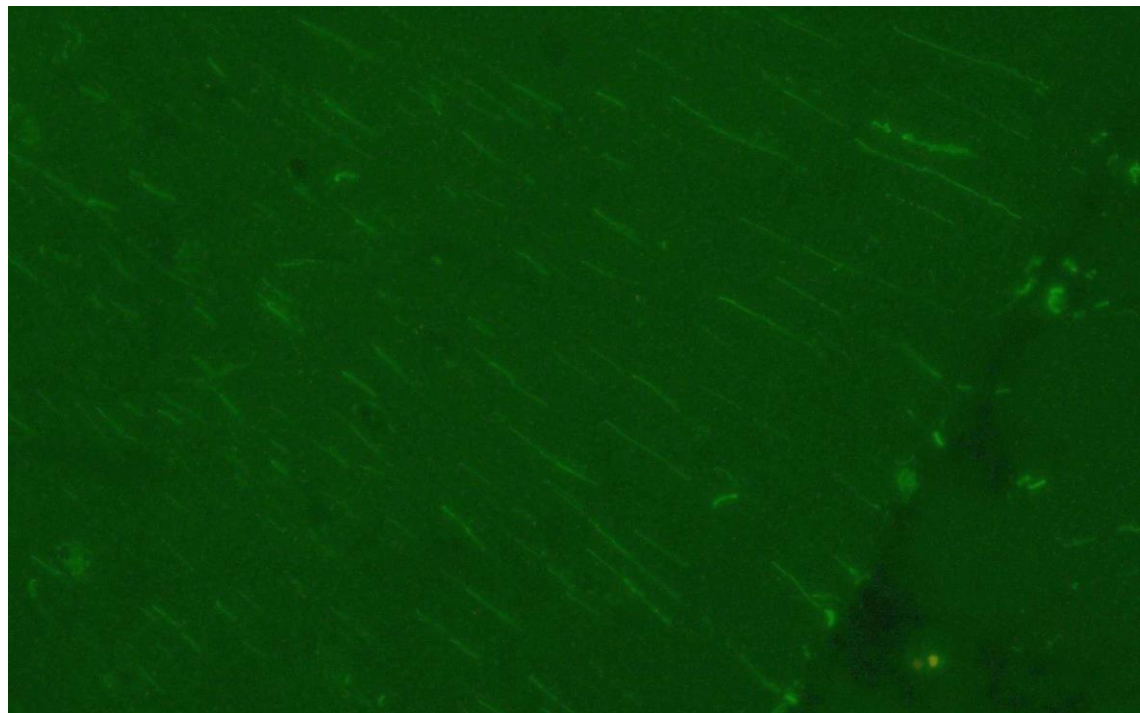
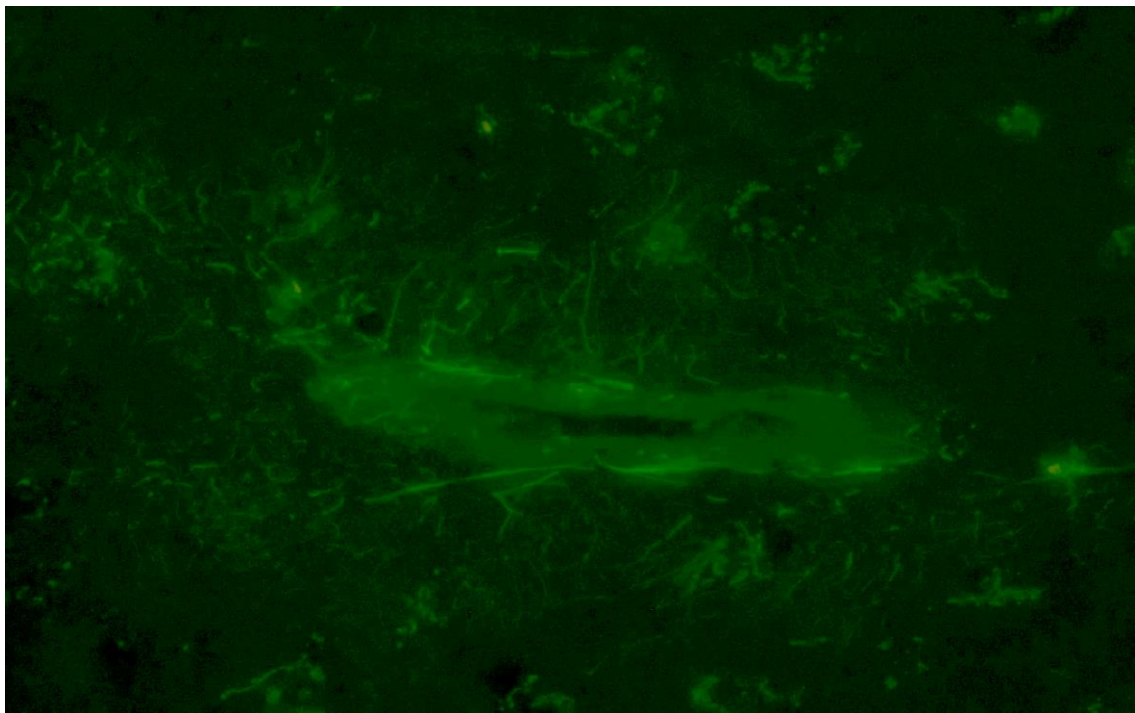
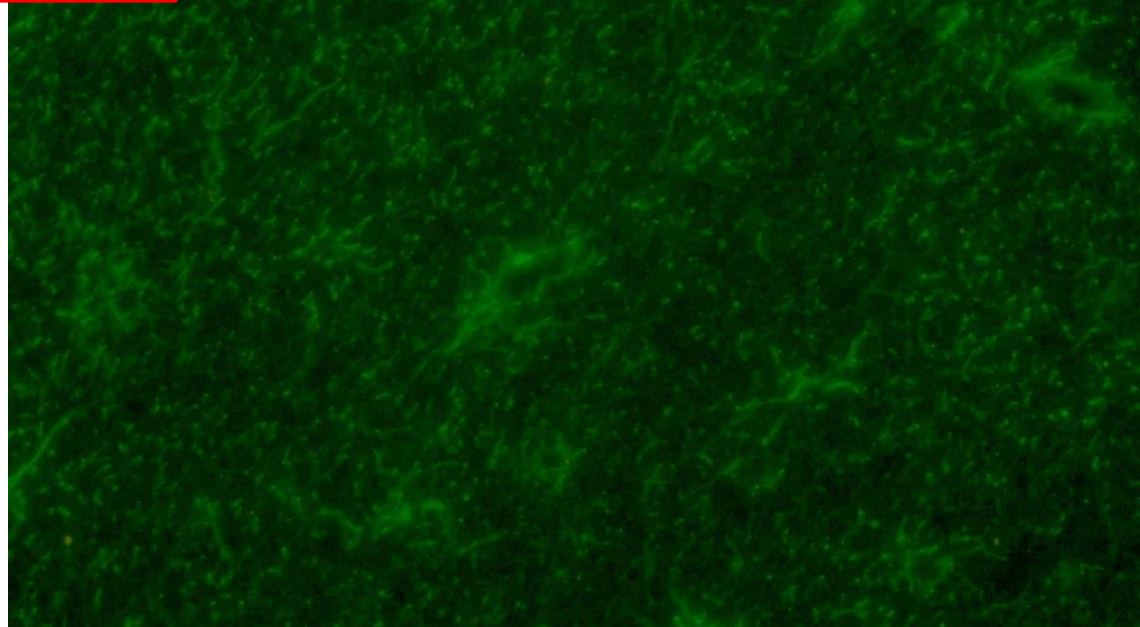
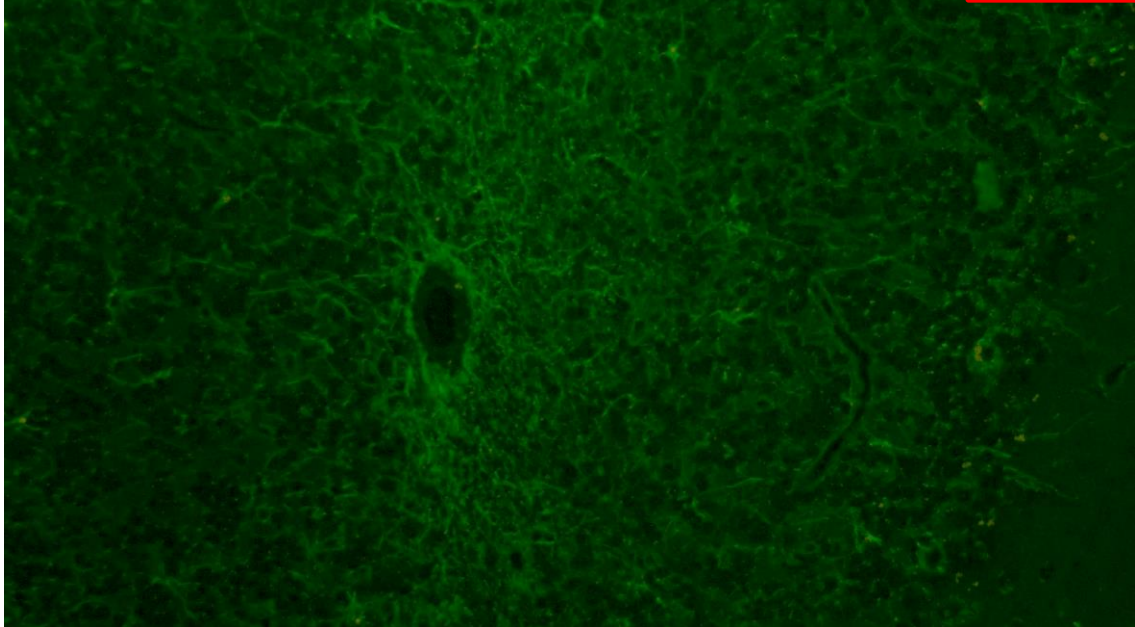
IIF sur coupe cerveau/cervelet pour
recherche d'onconeuronaux



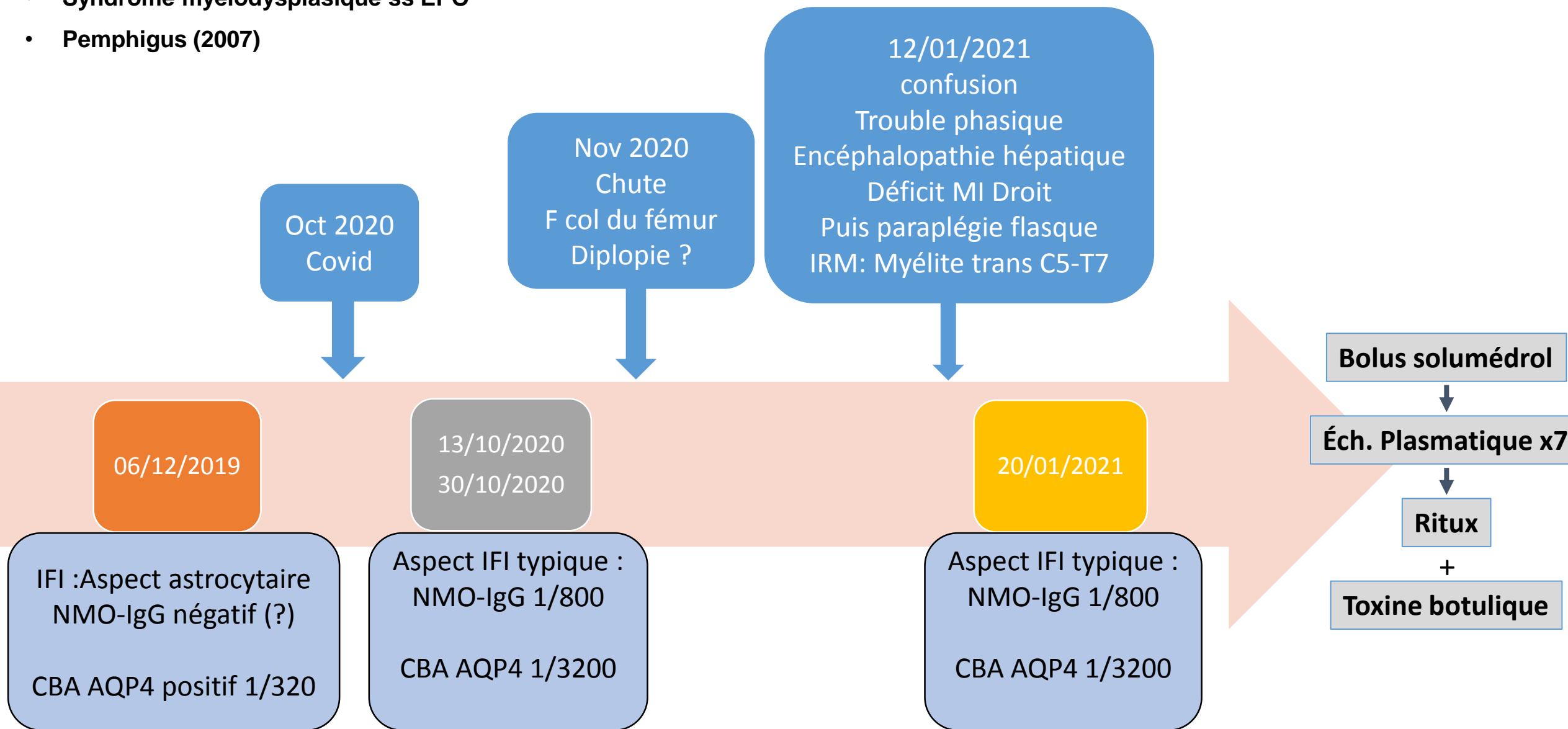
- 71 ans
- **Maladie de Rendu Osler avec atteinte hépatique et digestive**
- **Syndrome myélodysplasique ss EPO**
- **Pemphigus (2007)**



Sérum du 06-12-2019



- 71 ans
- **Maladie de Rendu Osler avec atteinte hépatique et digestive (S Rivière)**
- **Syndrome myélodysplasique ss EPO**
- **Pemphigus (2007)**



Oct 2020
Covid

Nov 2020
Chute
F col du fémur
Diplopie ?

12/01/2021
confusion
Trouble phasique
Encéphalopathie hépatique
Déficit MI Droit
Puis paraplégie flasque
IRM: Myélite trans C5-T7

06/12/2019

IFI :Aspect astrocytaire
NMO-IgG négatif (?)
CBA AQP4 positif 1/320

13/10/2020
30/10/2020

Aspect IFI typique :
NMO-IgG 1/800
CBA AQP4 1/3200

20/01/2021

Aspect IFI typique :
NMO-IgG 1/800
CBA AQP4 1/3200

Bolus solumédrol

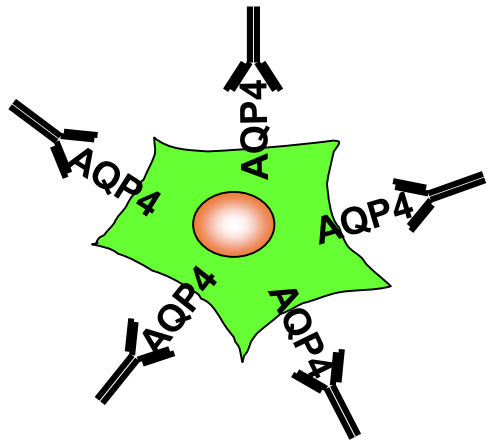
Éch. Plasmatique x7

Ritux

+
Toxine botulique

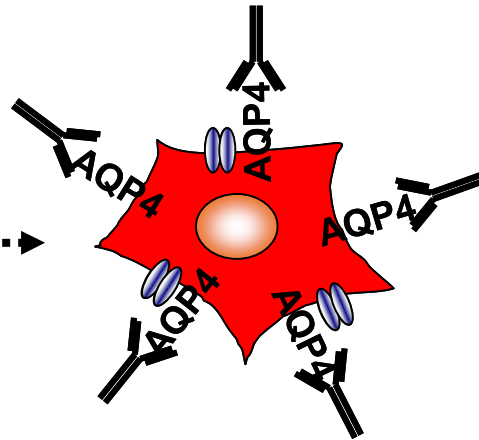
Au prochain épisode: test de cytotoxicité (CDC) pré / post- covid

Cellules 293 transduites
/ virions GFP-AQP4



+
Sérum pré/post
covid

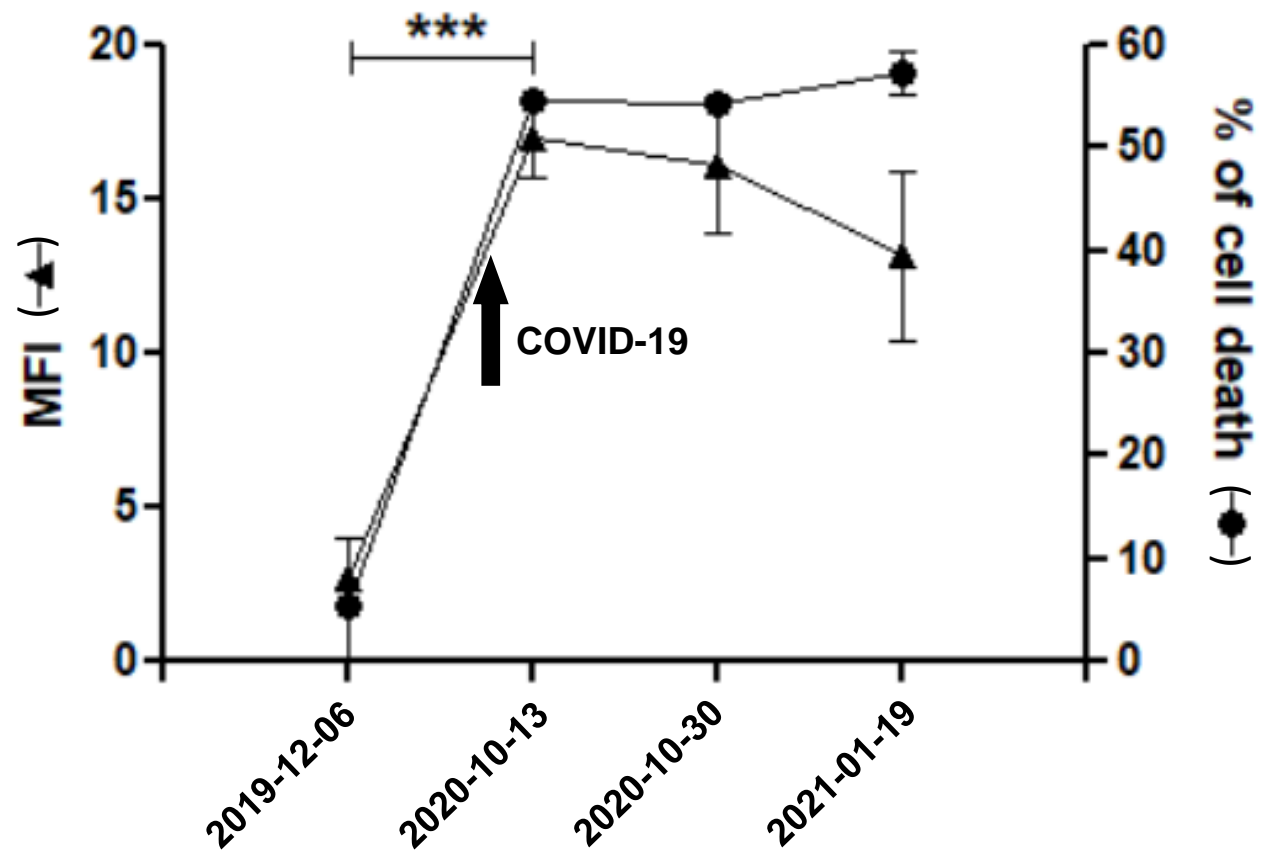
+C'
+7 AAD



Titre des Ac (MFI)

↗ post covid ???

Activité cytolytique



Contexte
auto-immun
(Rendu Osler)

↗ concentration
+ dérive épitopique ?
+ modification glycosylation ?

Ac anti-astrocytaires avant oct 2020
Anti-AQP4 ?

Ac anti-astrocytaires depuis oct 2020
Anti-AQP4 +

Sans
répercussions
clinique

Covid-19

NMOSD
(myélite
transverse)

Suite....et fin.

Décès le 28 aout 2021.

→ rôle respectif du Rendu Osler / NMOSD ??