



Sporadic Creutzfeldt-Jakob Disease

Sporadik Creutzfeldt-Jakob Hastalığı

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The 64-year-old male patient consulted to our clinic with progressive forgetfulness, jumpiness, gait problems, lack of motivation, suspicious thoughts and sleep disorders that had been ongoing for the past 4 months. Myoclonus and dysarthria were found during neurological examination in addition to bilateral loss of ability, spasticity and impaired walking during the cerebellar tests. FLAIR volumes of his cranial MRI showed hyperintensities in bilateral caudate nucleus and putamen (Figure 1) and his routine blood tests, vasculitis and infectious indicators, paraneoplastic process assays, ceruloplasmin level and urinary copper excretion in 24 hours were all seemed within normal values. His eye examination was normal. His EEG showed a mild irregularity paroxysmal baseline activity. Lumbar puncture was performed on the patient and 30 leucocytes per millimeter cube were detected in his cerebrospinal fluid (CSF). The CSF chemistry was within normal limits but it was seen to be positive for CSF 14.3.3 proteins. The patient was diagnosed with Creutzfeldt-Jakob Disease (CJD) and was monitored after being started on sertraline 50 mg/day and Seroquel 50 mg/day for his psychiatric complaints and levetiracetam 1000 mg/day for his myoclonus.

Sporadic CJD is an extremely rare disease which is important in ruling out other diseases where cranial imaging reflects clinical outlook (1). Especially the diffusion-weighted magnetic resonance imaging findings may provide guidance both in determining CJD's forms and determining the stage of the disease (2).

Key words: Chorea, etiology, hyperglycemia, complications, dyskinesias, diagnosis

Anahtar Kelimeler: Creutzfeldt-Jakob hastalığı, manyetik rezonans görüntüleme, sporadik

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