Labrune syndrome

Triad of leukoencephalopathy, cerebral calcifications and cysts (LCC) is a rare disease named 'Labrune syndrome' after the first case was reported in 1996 by Labrune et al.

Gulati et al. report a case of a 36-year-old man with mild right-sided weakness and seizures for 5 years. CT of brain revealed extensive calcification involving bilateral basal ganglia, right thalamus and bilateral deep cerebellar nuclei. A supratentorial cystic lesion with blood fluid level was seen in left occipitotemporal region. MRI examination revealed diffuse symmetric white matter hyperintensity suggesting leukoencephalopathy. On follow-up, patient reported improvement in the weakness and no further seizure episodes. However, follow-up of MRI revealed persistence of lesions. Differential diagnosis considered were parasitic infections (hydatid, cysticercosis), Coat's plus disease and causes of diffuse cerebral calcification like Fahr's disease and post-radiotherapy/chemotherapy. Serology for parasitic infections was negative. No history of radiotherapy or chemotherapy in the past could be elicited in the history. Another close differential is Coat's plus disease which can mimic LCC pathologically [1].

1)
Gulati A, Singh P, Ramanathan S, Khandelwal N. A case of leukoencephalopathy, cerebral calcifications and cysts. Ann Indian Acad Neurol. 2011 Oct;14(4):310-2. doi: 10.4103/0972-2327.91964. PubMed PMID: 22346026; PubMed Central PMCID: PMC3271476.