Differential Diagnosis of Cortical Blindness, Creutzfeldt-Jakob Disease, Heidenhain Variant

Kortikal Körlüğün Ayırıcı Tanısı, Creutzfeldt Jakob Hastalığı, Heidenhain Varyantı

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exclusionary. It is noteworthy that CSF 14.3.3 protein positivity along with the clinical status of the patient were the only clues for CJD.

Although rare, the Heidenhain variant of CJD is clinically significant. Initially, most patients present to ophthalmologists. It is not uncommon for neurologists to misdiagnose these patients in their early stages. Physicians should be aware that the Heidenhain variant might occur in atypical cases with slow progression, negative CSF markers, and no specific EEG abnormalities.

Ethics
Informed Consent: Consent form was filled out by participant.
Peer-review: Internally peer-reviewed.

Authorship Contributions
Surgical and Medical Practices: Y.D., E.S.E., A.Ö.Ö., Concept: Y.D., E.S.E., A.Ö.Ö., Design: Y.D., E.S.E., A.Ö.Ö., Data Collection or Processing: Y.D., E.S.E., A.Ö.Ö., Analysis or Interpretation: Y.D., E.S.E., A.Ö.Ö., Literature Search: Y.D., E.S.E., A.Ö.Ö., Writing: Y.D., E.S.E., A.Ö.Ö.

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Figure 1. A) Diffusion restriction on diffusion-weighted MRI in caudate and putamen bilaterally, B) Increased signal changes in T2-weighted sequences in caudate and putamen bilaterally, C) Increased signal changes in FLAIR sequences in bilateral caudate and putamen, D) No signal change on cerebral MRI ADC mapping.