

## **Abstract**

Acute disseminated encephalomyelitis (ADEM) is a rare disorder where there is immune-mediated demyelination of white matter in the brain and spinal cord. Usual presentations are encephalopathy and focal neurological deficits. ADEM is primarily a diagnosis of exclusion. Encephalitis, Diffuse gliomas, cerebral lymphomas and other demyelinating disorders may share clinical and neuroimaging similarities. Herein we describe a case of a 47-year-old hypertensive patient, who presented with encephalopathy and papilledema. Contrast-enhanced computed tomography of the brain was suggestive of a left side parietal malignant lesion, therefore the patient was referred for urgent oncological management. After being evaluated by a multi-disciplinary team, aided by magnetic resonance imaging of the brain the diagnosis of ADEM was made and he was treated with intravenous Methylprednisolone. Outpatient review in one month showed symptomatic improvement. ADEM should be taken into the differential diagnosis of patients who present with nonspecific neurological symptoms. MRI brain has to be done without a delay for the early recognition and treatment.