**ABSTRACT**

PRES is a complication of critical illness that has led to mortality in up to 15% of cases. mAbs can be associated w/ PRES and earlier detection via MRI can benefit outcomes.

**INTRODUCTION**

Caring for a Stage IV clear cell carcinoma pt

PMHx - TAH-BSO, chemo and Good Pasture’s

BibEMS s/p syncope in shower prior to 3rd round of chemo

Transferred to MICU w/ AHRF 2/2 acute encephalopathy

MRI - bl parietal-occipital hyperintensities

**NORMAL MRI BRAIN**

**CONCLUSION & NEXT STEPS**

*Cyclosporine moa:* decreased nitric oxide production --> dose-dependent HTN --> blood-brain barrier damage

*Effect of Pt's meds:* Levatanib and bevacizumab had anti-angiogenic effects, which caused endothelial dysregulation and resultant hyperperfusion

*Take-home message:* MRIs on similar patients could be done sooner, prompting tx of HTN and mab removal

**REFERENCES**


