A 49-years-old male patient who was operated for adenocarcinoma of the pancreatic head was started on a 7-week-long gemcitabine chemotherapy by the oncology clinic. A neurology consultation was asked due to the start of consciousness changes, sleepiness and blurry vision following the offset of the chemotherapy. The patient did not show any remarkable findings in the neurological examination and his arterial blood pressure was 150/100 mmHg. In the cranial magnetic resonance (MR) imaging, a multifocal white matter lesion was found in the infra and supratentorial regions, located in the deep white matter on bilateral cerebellar and cerebral hemispheres, appearing to be confluent in the upper brain stem. This finding was mildly hypointense in the T1A images, at high intensity in the T2A and FLAIR (Figure 1) images and at increased diffusion in the diffusion weighted images (Figure 2). No pathological contrasting was found in the lesions detected in post-contrast T1A series. In the literature search, a small number of cases were found describing reversible posterior leukoencephalopathy in the pancreatic cancer patients following gemcitabine treatment (1,2). The patient who was under close monitoring for his arterial pressure had partial improvement in his symptoms. In the follow-up cranial MRI conducted approximately at 2 months, the complete resorption in the reversible posterior leukoencephalopathy-related white matter lesions verified the diagnosis (Figure 3).
**Key words:** Gemcitabine, posterior reversible encephalopathy syndrome

**Anahtar Kelimeler:** Gemsitabin, geridönüşlü posterior ensefalopati sendromu

**References**
