A 53-year-old patient presented with acute headache. CT and intra/extracranial CT angiography were normal. A traumatic lumbar puncture showed 8,500 erythrocytes/mm³ and 24 leukocytes/mm³. MRI showed extensive sulcal fluid-attenuated inversion recovery (FLAIR) hyperintensities suggesting subarachnoid hemorrhage (figure). However, since T2*-weighted sequences were normal and the patient was wearing a face mask (for a possible meningeal infection), a radiologic artifact was suspected. Immediately after, MRI without face mask showed absence of FLAIR abnormalities, confirming the suspected susceptibility artifact probably caused by the metal part of the face mask.

Other artifact-related causes of subarachnoid FLAIR hyperintensities include CSF flow, vascular pulsation, motion artefact, and supplemental oxygen.1

Giovanni Castelnovo, MD, Dimitri Renard, MD
From the CHU Nîmes, Hôpital Caremeau, Nîmes, France.

Author contributions: Giovanni Castelnovo: drafting/revising the manuscript, study concept or design, analysis or interpretation of data, acquisition of data. Dimitri Renard: drafting/revising the manuscript, study concept or design, analysis or interpretation of data, acquisition of data, study supervision.

Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

Correspondence to Dr. Castelnovo: giovanni.castelnovo@chu-nimes.fr
