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'Chasing the dragon' in the intensive care unit

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Sir,

A 35-year-old drug abuser was admitted to the ICU in an unclear coma with unremarkable routine exams (except for positive opioid screens). Cerebral magnetic resonance imaging (cMRI) revealed marked symmetric supra- and infra-tentorial parenchymal lesions (Fig. 1 and 2) pathognomonic for heroin-associated spongiform leucencephalopathy (HASL). HASL is rarely observed after inhalation of (contaminated) heroin leading to toxic subacute multi-vacuolar oligodendrocyte degeneration. Previously referred to as "chasing-the-dragon-syndrome", liquefied heroin appears like a "dragon" moving on heated aluminium foil with vapour rising up like a tail. This vapour is "chased" and inhaled via a pipe and is known as the most effective non-intravenous heroin ingestion method, originating from Hong Kong in the 1950s. In unclear coma after drug abuse, ICU physicians should consider that a dragon has been "caught".

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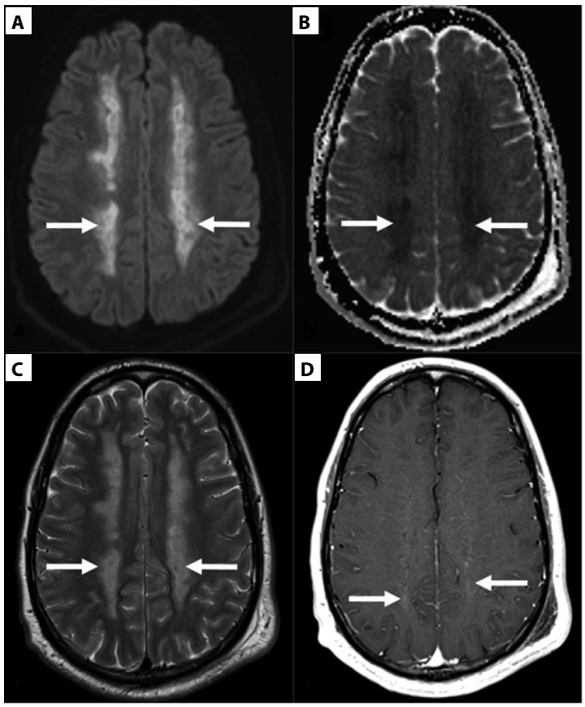

Figure 1. Axial cMRI with symmetrical white matter lesions: (**A**) diffusion-weighted imaging, (**B**) apparent diffusion coefficients map, (**C**) T2-weighted, (d) post-gadolinium T1-weighted images with faint enhancement in parietal lobes

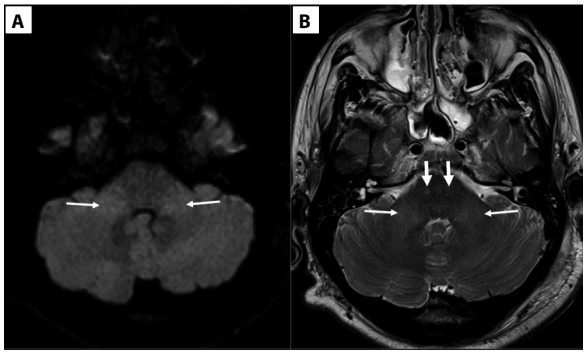

Figure 2. Axial cerebellar cMRI with diffuse peduncular lesions in (**A**) diffusion-weighted image, (**B**) T2-weighted image with symmetrical hyperintense signals in *corticospinal tracts* (thick arrows) and cerebellar peduncles (thin arrows)

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