



Virology Question and Answer Scheme (VIROQAS)

A 15-month-old boy with reduced consciousness and convulsion

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1. Case description

A previously healthy 15-month-old boy was admitted to our hospital with fever, reduced consciousness, and convulsion. He was the first child of unrelated healthy parents. None of his family had had a febrile illness for at least 1 month before his admission. He also had a generalized convulsion lasting for 3 min on the day of admission. He was transferred to our hospital because a local pediatrician noticed mildly decreased responsiveness.

On admission, the patient had a temperature of 40.6°C, heart rate of 148 bpm, respiration rate of 52/min, and oxygen saturation of 98% in room air. Physical examination was unremarkable except for nuchal rigidity. Neurological examination revealed mild reduction of consciousness with a Glasgow Coma Scale score of 13. Deep tendon reflexes were normal. Laboratory examination

showed hyponatremia (Na; 125 mequiv./l), whereas other hematological measures and blood chemistry were unremarkable. Serum amylase level was not measured. Cerebrospinal fluid (CSF) examination demonstrated marked pleocytosis of 868 cells/mm³ (854 lymphocytes), with normal glucose and protein levels. Bacterial cultures from blood and CSF yielded no growth of pathogens. Head MRI on the second day of admission showed reduced diffusion in the splenium of the corpus callosum (Fig. 1). The patient was treated with steroid pulse therapy and intravenous gamma globulin. His consciousness did not recover until 4 days after admission. A reduction of diffusion in the splenium of the corpus callosum disappeared on MRI on the fifth day of admission (Fig. 1). He had no neurologic sequelae and had achieved normal psychomotor development at the last follow-up at 29 months of age.

Abbreviations: CSF, cerebrospinal fluid; MERS, mild encephalitis with a reversible splenial lesion.

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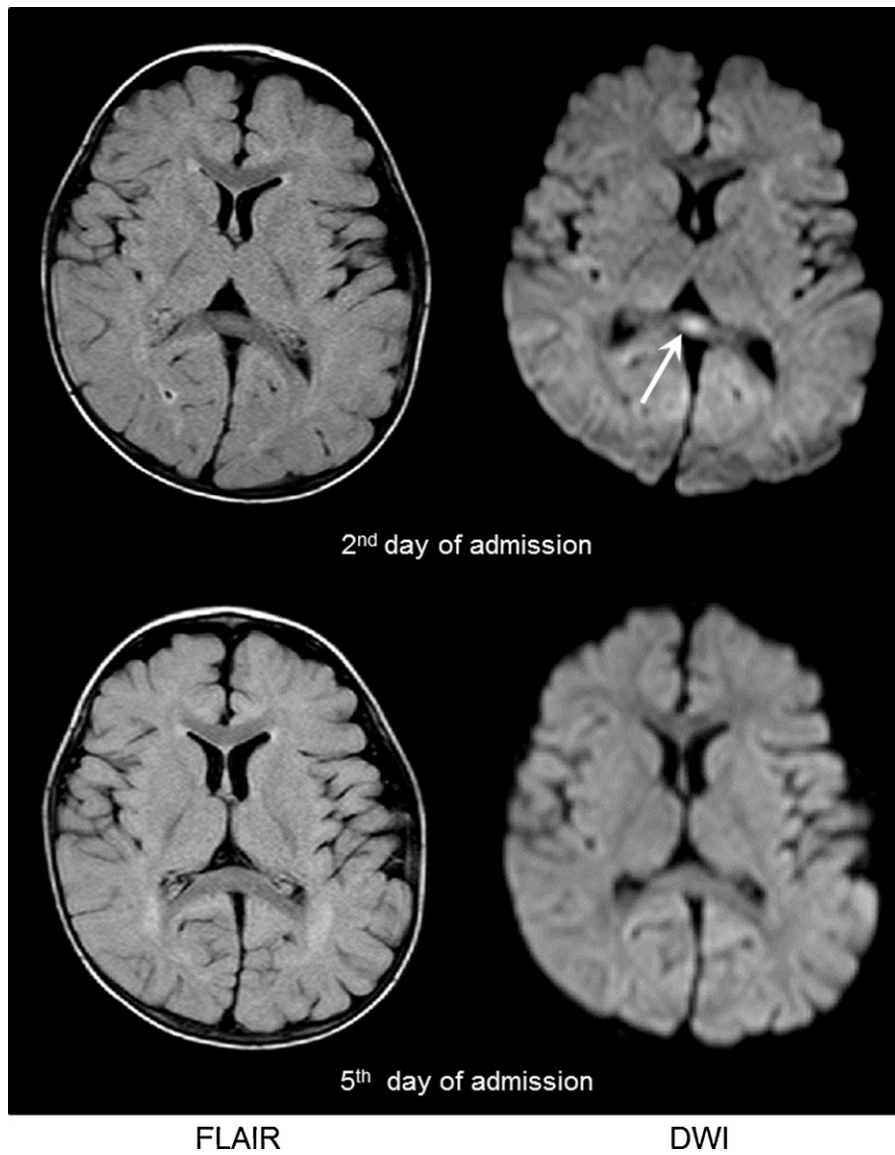


Fig. 1. MRI findings. Top: MRI on the second day of admission DWI revealed reduced diffusion in the splenium of the corpus callosum. This lesion is unclear on FLAIR. Bottom: MRI on the fifth day of admission. No abnormal findings were observed on FLAIR or DWI. FLAIR, fluid-attenuated inversion-recovery images; DWI, diffusion-weighted images.

What are the possible diagnoses?

How do you determine the cause of the disease?

See evidence-based opinion overleaf

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