中文題目:單純皰疹病毒腦炎併發腦出血—一病例報告

英文題目: Herpes simplex virus encephalitis complicated with intracranial hemorrhage—a case report

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Introduction

Herpes simplex virus type 1 (HSV-1) encephalitis is the most common cause of fatal encephalitis. Untreated, the fatality in herpes encephalitis can approach 70 percent and the mortality may still be as high as 20 to 30 percent even with appropriate diagnosis and treatment. In addition, most of the survivors may have serious neurologic deficits. In this report, we will present a 35 year old woman with HSE complicated with intracranial hemorrahge

Case presentation

The patient was a 35 year old woman without systemic medical disease. She admitted to our hospital due to right side hemiparesis, dysarthria and fever. Lumbar puncture showed pleocytosis WBC 61/mm3 (88% lymphocytes) , RBC 103/mm3 , protein 121 mg/dL, glucose 84 mg/dL. Brain CT (Figure 1) revealed a large hypodense area over left T-P-O lobes. Under the suspicion of herpes simplex encephalitis, anti-viral drug as acyclovir 500mg Q8H and steroid as methyprednisolone 500mg QD were given. Brain MRI (Figure 2) disclosed cortical and subcortical T2 hyperintensity with mild restricted diffusion. Besides, CSF HSV PCR returned positive. On the 7th day of hospitalization, sudden onset of conscious change to coma with dilated pupil without light reflex was noted. Repeated brain CT (Figure 3) showed hemorrhagic infarct of the left cerebral hemisphere, SAH and marked midline shifting to the right hemisphere. Neurosurgeon was consulted and craniectomy was suggested but the patient refused it due to poor prognosis. Then the patient died at the eighth day of hospitalization

Discussion

Patients with encephalitis have an altered mental status ranging from subtle deficits to complete unresponsiveness and fever. Seizures are common with encephalitis, and focal neurologic abnormalities can occur, including hemiparesis, cranial nerve palsies, and exaggerated deep tendon and/or pathologic reflexes. CSF study of the patients is usually abnormal with lymphocytic pleocytosis, increased number of erythrocytes and elevated protein. Image studies which revealed temporal lobe abnormalities are strong evidence for herpes simplex encephalitis. Brain magnetic resonance imaging (MRI) is

the most sensitive and specific imaging method for HSV encephalitis but the gold standard for establishing the diagnosis is the detection of herpes simplex virus DNA in the CSF by polymerase chain reaction (PCR). Treatment of choice for HSV encephalitis is IV acyclovir (10 mg/kg IV every 8 hours) and should be initiated as soon as the diagnosis is considered. The duration of treatment is 14 to 21 days. ICH has been reported to occur as a late fatal complication of HSE in adults. Even under appropriate treatment, the mortality rate remains 20~30 percent and most of the survivors may have serious neurologic sequellae.

Figure1

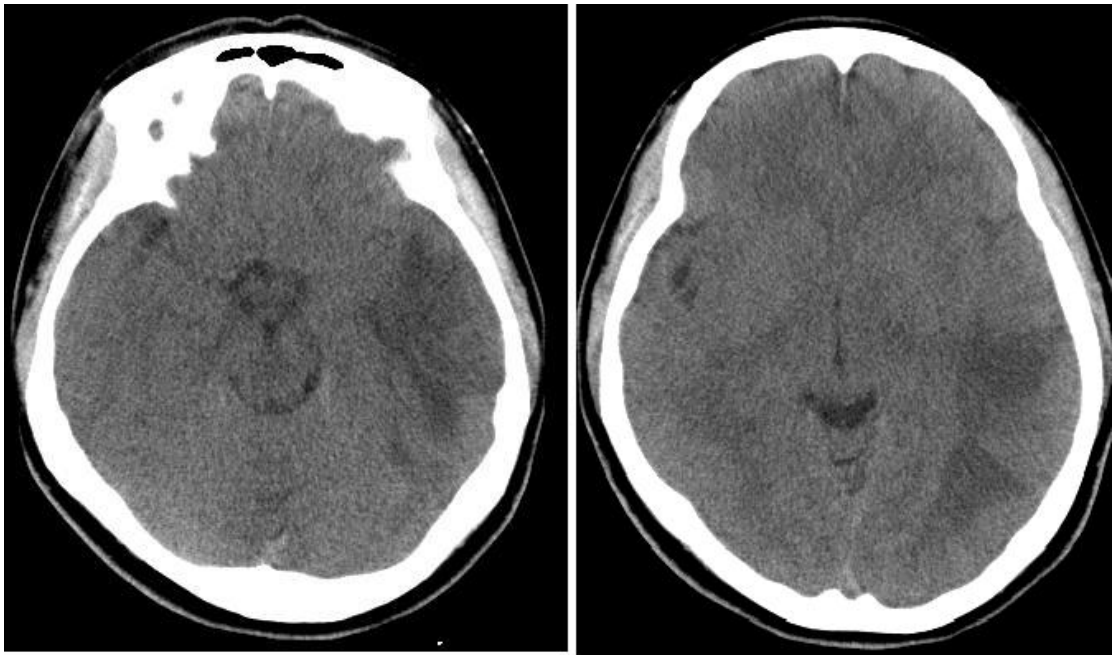

Figure 2

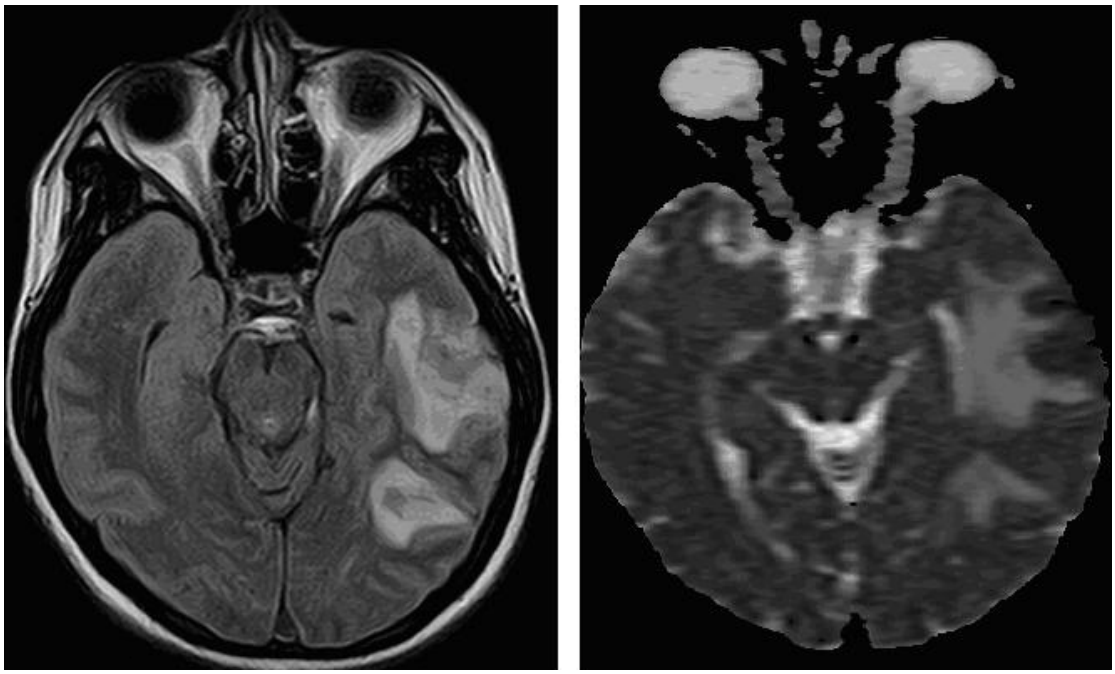

Figure 3