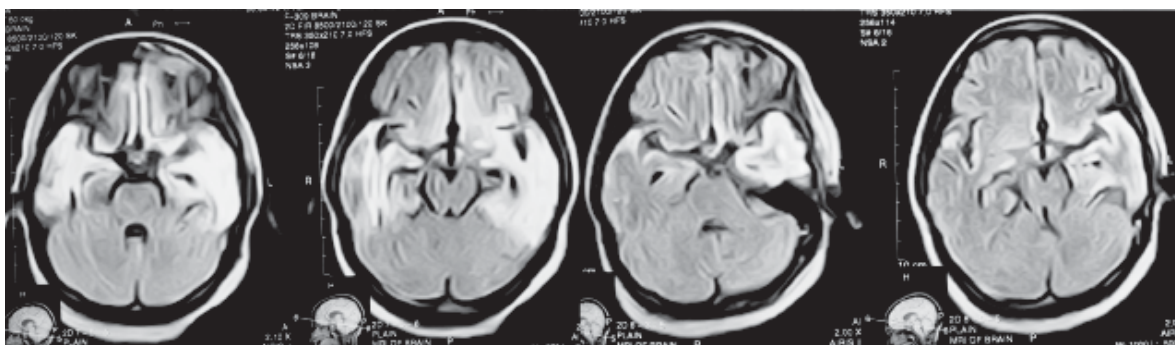


### A Lady with Headache

MR SIDDIQUI<sup>a</sup>, QT ISLAM<sup>b</sup>, A HOSSAIN<sup>c</sup>, YU RAHMAN<sup>d</sup>, S SULTANA<sup>e</sup>

(*J Bangladesh Coll Phys Surg 2011; 29: 52*)



A 27-year-old previously healthy house wife who had fever and headache for 5 days, presented with unconsciousness and recurrent generalized motor seizure. She was comatose and had fever (102<sup>0</sup>F). The Glasgow coma score (GCS) was 6. Pupils were equal but slow reactive to light and fundoscopy examination revealed bilateral papilloedema. The deep tendon reflexes were normal, with bilateral extensor plantar reflexes. CSF analysis showed normal glucose and cell count but protein was slightly raised (65mg/dL). All other supporting investigations revealed normal findings. In these clinical backgrounds our diagnosis was viral encephalitis but we were looking for the site of lesion. Magnetic resonance imaging (MRI) of the brain revealed hypointense in T1 and hyperintense signal changes in T2, FLAIR (Fig.1) weighted images of the both temporal and part of the frontal lobe regions. This is a typical picture of Herpes simplex encephalitis. We started treatment with intravenous Acyclovir for 2 weeks

followed by oral Valcyclovir for another 2 weeks. The consciousness of the patient recovered after 3 days of treatment and her temperature subsided at the fourth day of treatment. The patient was discharged with recovery after two weeks treatment. Follow up MRI showed significant improvement (Fig.2).

Herpes simplex encephalitis (HSE) is necrotizing focal encephalitis with typical localization involving the temporal and frontal lobes.<sup>1</sup> MRI of the brain provides the most sensitive method of detecting early lesions.<sup>2</sup> MRI findings corresponding to edematous changes in the temporal lobes, inferior frontal lobes, and insula with a predilection for the medial temporal lobes. Foci of hemorrhage occasionally can be observed on MRI.<sup>2</sup>

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- a. Dr. Mahmudur Rahman Siddiqui, FCPS (Med) P-II Course student, Dept. of Medicine, DMC.
- b. Prof. Quazi Tarikul Islam, Professor of Medicine, DMC.
- c. Dr. Ahmed Hossain, Assistant professor of Medicine, DMC.
- d. Dr. Yousuf Ur Rahman, Assistant registrar, Dept. of Medicine, DMC.
- e. Dr. Sharmin Sultana, Postgraduate resident, Dept. of Medicine, DMC.