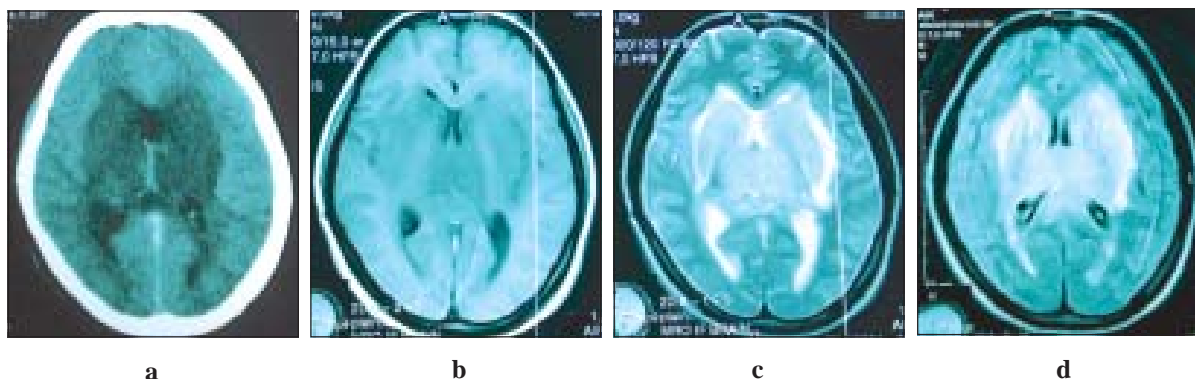


### Images in Medical Practice

(*J Bangladesh Coll Phys Surg 2010; 28: 128*)



A 15-year-old previously healthy girl developed unconsciousness and repeated generalized convulsion 12 hours after taking an unknown herbal substance from a local traditional healer. But she had no history of fever, headache, vomiting. Patient was found to be unresponsive (GCS-5/15). Blood pressure, pulse and temperature were normal but she had quadriparesis, areflexia and bilateral extensor planter reflexes. The pupillary reaction was sluggish with normal fundal examination. Her all routine blood biochemistry and CSF examination reports were normal. An initial CT scan of the brain (fig-a) showed extensive white matter changes throughout the frontal and parietal lobes. In addition, areas of lower density lesions involving the basal ganglia bilaterally. T1-weighted axial MRI of the brain (fig-b) showed decreased signal in cerebral white matter, especially in frontal, parietal areas and putamens. T2-weighted (fig-c) and FLAIR weighted (fig-d) MRI showed increased signal in cerebral white matter and in both putamen suggestive of non-haemorrhagic necrosis.

Majority of toxin induce encephalopathy involve the optic nerve and the central nervous system with a predilection for basal ganglia, resulting in symptoms of visual

disturbances, blindness, drowsiness, seizures and coma.<sup>1</sup> Bilateral necrosis of the putamen with white matter changes has been reported as characteristic in brain imaging.<sup>1,2</sup>

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#### References:

1. Wanga XP, Yangb RM. Movement Disorders Possibly Induced by Traditional Chinese Herbs. *Eur Neurol* 2003;50:153–59.
2. Dominguez MJA, Callejo JM, Fernandez RLC, Martinez JC. Acute paroxysmal dystonia induced by fluoxetine. *Mov Disord* 2001;16:767–69.