

Isolated involvement of external capsules and claustrum in status epilepticus

Acometimento isolado da cápsula externa e claustro no status epilepticus

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A 16-year-old previously-healthy girl started with one episode of fever and loss of consciousness a month earlier. After 15 days, she complained of a short-term memory impairment and six days later presented with status epilepticus. Cerebrospinal fluid, including PCR for *herpes virus*, was normal. Brain MRI revealed hyperintensities lesions in bilateral

external capsules and claustrum, which disappeared four months later (Figure). The occurrence of external capsule and claustrum lesions secondary to status epilepticus has been described in few cases^{1,2}. Transient cognitive and behavioral disturbances have been reported, and claustrum lesions may also be a clue for autoimmune epilepsy¹.

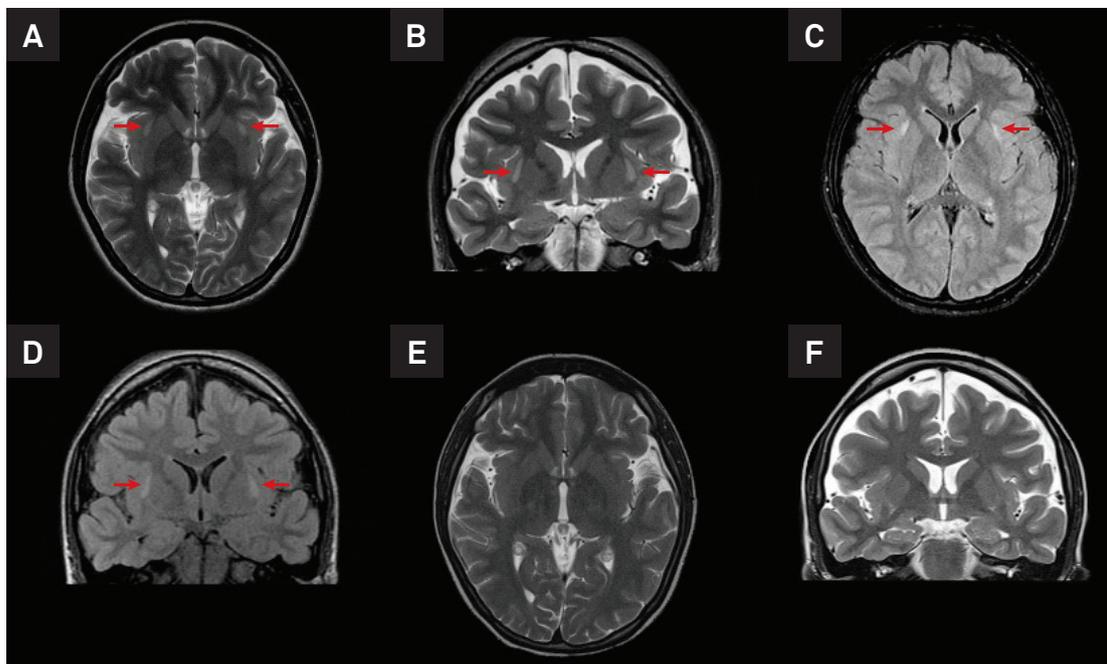


Figure. Axial (A/C) and coronal (B/D) T2-weighted and FLAIR MRI sequences – hyperintensities in bilateral external capsules and claustrum. Diffusion-weighted MRI images were unremarkable. Axial and coronal T2-weighted (E/F) MRI sequence showed no abnormalities at the four-month follow up.

References

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