A male patient with delirium, seizures and (limbic) encephalitis with bilateral mesial temporal lobe involvement

Um paciente do gênero masculino com delirium e crises convulsivas por encefalite límbica, com comprometimento bilateral dos lobos temporais mesiais

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A 52-year-old male presented with a fortnight history of delirium and partial motor seizures. He had no fever or other systemic or neurological signs, but he showed a mini-mental state examination (MMSE) score of 8/30. Fluid-attenuated inversion recovery (FLAIR) magnetic resonance images (MRI) of the head revealed hyperintense signals in both temporal lobes (Figure). Serologies for herpes simplex virus, varicella zoster virus, toxoplasma, cytomegalovirus, Epstein-Barr virus, and HIV were negative, but fluorescent treponemal antibody-absorption (FTA-Abs) and venereal disease research laboratory (VDRL) (1:32) were reactive. Cerebrospinal fluid (CSF) examination revealed 10 leukocytes/mm³ (95% lymphocytes), 77 mg/dL protein, 75 mg/dL glucose, and VDRL 1:2. Mesial temporal lesions are commonly associated with herpetic encephalitis¹ or autoimmune paraneoplastic limbic encephalitis². However, neurosyphilis must also be considered.

Figure. Fluid-attenuated inversion recovery (FLAIR) axial (A) and coronal (B) magnetic resonance images showing bilateral mesial temporal high-signal lesions with associated asymmetric enlargement of the temporal horns of the lateral ventricles. The enlargement is more marked on the right side.

References


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