

Clinical Profile of Encephalitis: A Case Series

Varun Viswanathan, Sanjeevani Masavkar, Savita Khadse, Krashyap Shetty

Department of Pediatrics, Lokmanya Tilak Municipal General Hospital, Sion, Mumbai-22

Corresponding Author: Varun Viswanathan, Department of Pediatrics, Lokmanya Tilak Municipal General Hospital, Sion, Mumbai-22

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Abstract

Background

Encephalitis is inflammation of the brain parenchyma and is cause of acute neurological dysfunction among children and constitutes a neurological emergency.

Most common viruses implicated are HSV 1 & 2, VZV, EBV ,CMV, HHV 6 & 7, (JE) , Dengue , Chikungunya and Chandipura.

Materials and methods

This is a retrospective study of 5 children admitted with Viral encephalitis in a period of 2 months

- Data regarding clinical profile at presentation, response to therapy and outcome were analyzed.

Course

N=5 **children 3 male 2 female** .All 5 patients presented with fever, generalised tonic clonic convulsion and altered sensorium.

On examination, all patients had **poor GCS** (avg GCS 6/15) requiring intubation & supportive care(Steroids(high dose for ANEC patients),Anti epileptic drugs, antibiotics, anti virals, anti edema measures.)

Cerebrospinal fluid analysis -normal for all 5 patients (viral panel-negative).

Neuroimaging

MRI brain (P+C) Hyperintense and T1 hypointense noted in bilateral frontal, right parietal and right temporal cortex with diffuse cerebral edema in 2 patients.

1 patient-no significant abnormality.

2 patients s/o hyperintensity in thalamus s/o acute necrotising encephalitis

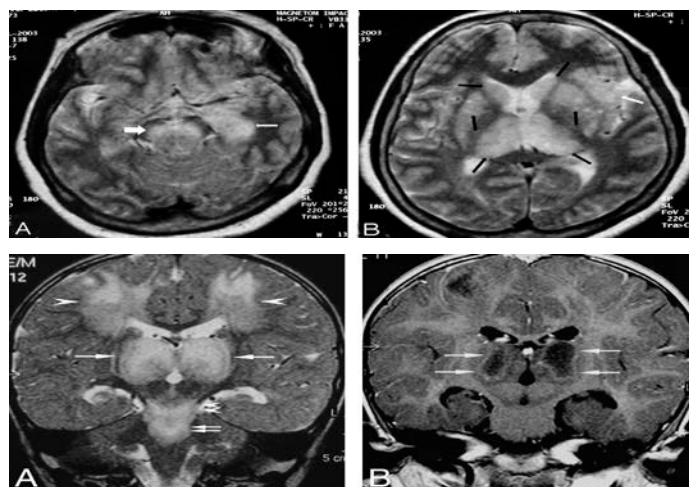
During course of illness ventilator support was gradually weaned off (average ventilator stay-13 days).

Result

Post illness complete neurological recovery was achieved in 2 patients who had achieved early intervention

2 patients-partial neurological recovery.

1 patient: mortality.



Discussion

5 patients presented with viral encephalitis during August to September which correlates with seasonal variation of the disease in India. Patients of Acute necrotising encephalitis had good outcomes which correlates well with study as carried out in South Korea which showed 100% survival and partial to complete recovery.

Conclusion

Early intervention in form of high dose steroids is associated with good neurological outcomes.