AN INTERESTING CASE OF SEIZURE

Dr. NIVETHA BALAKRISHNAN , CHIEF - Dr. K.E.ARUMUGAM
DEPARTMENT OF GENERAL MEDICINE
KARPAGA VINAYAGA INSTITUTE OF MEDICAL SCIENCES, CHENGALPATTU.

INTRODUCTION

- ✔ Posterior Reversible Encephalopathy Syndrome (PRES) is a neurological entity .
- ✔ Characterized by seizure , visual symptoms , headache , impaired consciousness , and impaired consciousness.
- ✔ Causes- eclampsia, hypertension, SLE ,PPH, immunosuppressive medication & kidney failure.
- ✔ Vasogenic cerebral oedema of occipital & parietal lobe of brain .
- ✔ Hallmark of disease is reversibility of headache , seizure, encephalopathy , visual disturbances .

CASE HISTORY

A 26 year old female presented with Fever and multiple joint pain symmetrical (upper limb to lower limb), anorexia, weight loss ,hair loss & skin discolouration .

DURING COURSE IN HOSPITAL

- ✔ H/o development of an episode of seizure 4 days after admission.
- ✔ Patient became febrile due to Aspiration pneumonia

PAST HISTORY

- ✔ N/K/C/O DM, PTB, bronchial asthma ,SHT

PERSONAL HISTORY

- ✔ Married one child , regular menstrual cycles

EXAMINATION

- ✔ General examination- pallor +
- ✔ Vital stable
- ✔ Local examination-active oral ulcers + on hard palate
- ✔ SYSTEMIC EXAMINATION –
- ✔ CVS-S1 , S2 + , pericardial rub +
- ✔ R/S- breath sounds reduced (right > left) ,P/A- normal
- ✔ FUNDUS EXAMINATION- NORMAL

RHEUMATOLOGICAL EXAMINATION

- ✔ Hyper pigmentation with scarring all over the face & perioral area , Lupus hair+ , ,diffuse pigmentation over upper limbs, xerosis over lower limbs +.
- ✔ B/L wrist fixed flexion deformity +

HIGHER MENTAL FUNCTIONS

- ✔ Memory and Intellect : Normal
- ✔ Conscious , Oriented to time, place and person

SPINO MOTOR SYSTEM

- ✔ Neck muscle weakness +
- ✔ Power:

Lower limb weakness >upper limb weakness.

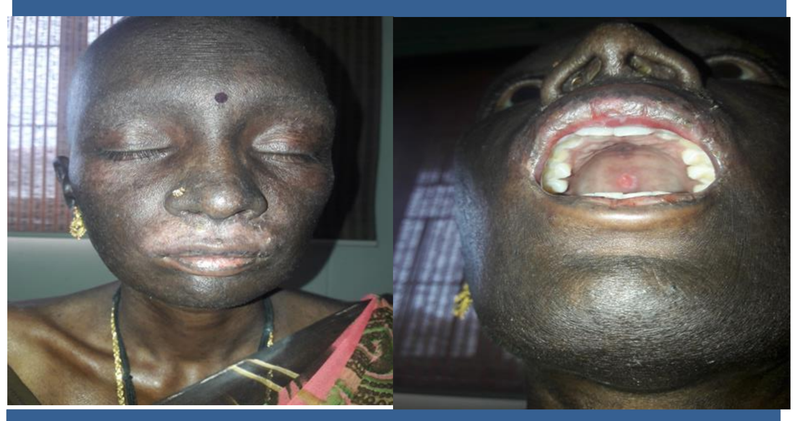
upper limb 4 /5
lower limb 3/5

- ✔ Deep tendon reflexes : normal
- ✔ Plantar : bilateral flexor.

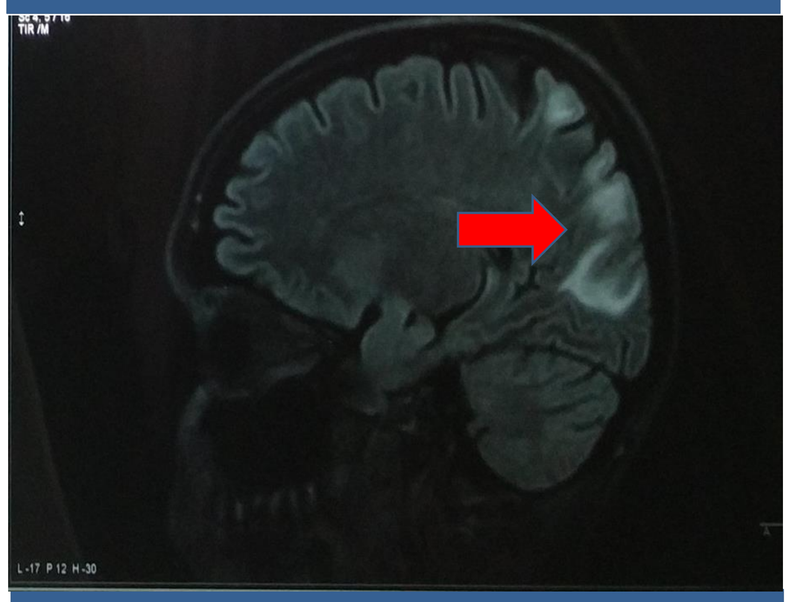
INVESTIGATIONS

- ✔ CBC- Total count – 3300
- ✔ Hb -7.2 gram/dl
- ✔ P/S-normocytic normochromic anaemia with anisocytosis .
- ✔ Platelet count -2.4 platelets/microliter
- ✔ ESR-90 mm/hr.
- ✔ CRP- negative.
- ✔ RFT & LFT – normal.
- ✔ Total protein/ albumin – 7.9/3
- ✔ s. Electrolyte- normal.
- ✔ Urine spot Protein creatinine ratio – 0.08
- ✔ Complement C3 & C4 – normal
- ✔ ANA 1: 100 dilution 3+,positive speckled pattern
- ✔ Direct coomb`s test +
- ✔ Fasting lipid profile- normal
- ✔ HIV 1&2 , HBSAG, HCV –negative
- ✔ Chest X-ray – normal
- ✔ CT THORAX- B/L pleural effusion and bronchopneumonia , right middle & lower lobe
- ✔ CT Brain- suggestive of hypodense lesion in right frontal & occipital lobe.

IMAGE



MRI IMAGE



DIAGNOSIS AND MANAGEMENT

- ✔ MRI Brain- symmetrical T2 , FLAIR, hyperintensity seen in B/L post parietal lobe . Relative asymmetrical hyperintensity seen in B/L parieto-occipital region, on enhancement, tiny hypointensity seen in body of left caudate nucleus – calcified nodule. Posterior Reversible Encephalopathy Syndrome (PRES).
- ✔ A diagnosis of SLE with PRES was made.
- ✔ She was managed with I.V. steroids methyl-prednisolone followed by oral steroids ,anti epileptics, diuretics , steroids , aspirin , HCQ, fluconazole ,sunscreen lotion and I.V.antibiotics for bronchopneumonia.
- ✔ In the next few days patient improved.
- ✔ No further episode of seizure & was discharged on pulse therapy with cyclophosphamide.
- ✔ Followed up as OPD

DISCUSSION

- ✔ Exact incidence unknown (1)
- ✔ Most commonly affect females and any age group
- ✔ PRES is a reversible neurological entity characterised by presence of white matter oedema affecting the occipital and parietal lobes
- ✔ Most common cause of PRES- is preeclampsia/ eclampsia developing during pregnancy (hypertension and proteinuria are diagnostic of pre eclampsia where as eclampsia diagnosed with seizures typically). 6,Variety of clinical conditions are related to PRES
- ✔ Common ones include hypertensive emergency, renal disease, pre-eclampsia/eclampsia and immuno-suppressive medications , sepsis, SLE, systemic sclerosis ,tumour lysis syndrome, AIDS ,TTP(2, 3,4)
- ✔ Differential diagnosis- stroke, meningoencephalitis , demyelinating lesion of brain and cerebral venous thrombosis.
- ✔ MRI is imaging modality of choice (5).
- ✔ Treatment include early diagnosis and treatment of symptoms & treatment of cause.Appropriate treatment is expected to ensure full Recovery. Recurrence seen in 8 % cases (1).

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