A GIRL WITH PYREXIA OF UNKNOWN ORIGIN

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CASE HISTORY

- 6 years 9 months old female child
- Developmentally normal

- Presented with the history of intermittent high grade fever with headache for 3 weeks

- No H/o vomiting/altered sensorium/seizures/ visual disturbances

EXAMINATION

- Febrile; lethargic
- Hemodynamically stable

- CNS examination:
  Sensorium – Normal
  No signs of meningeal irritation
  DTR – brisk
  Plantar – flexor

- Other systems – NAD

Ophthalmologist consult

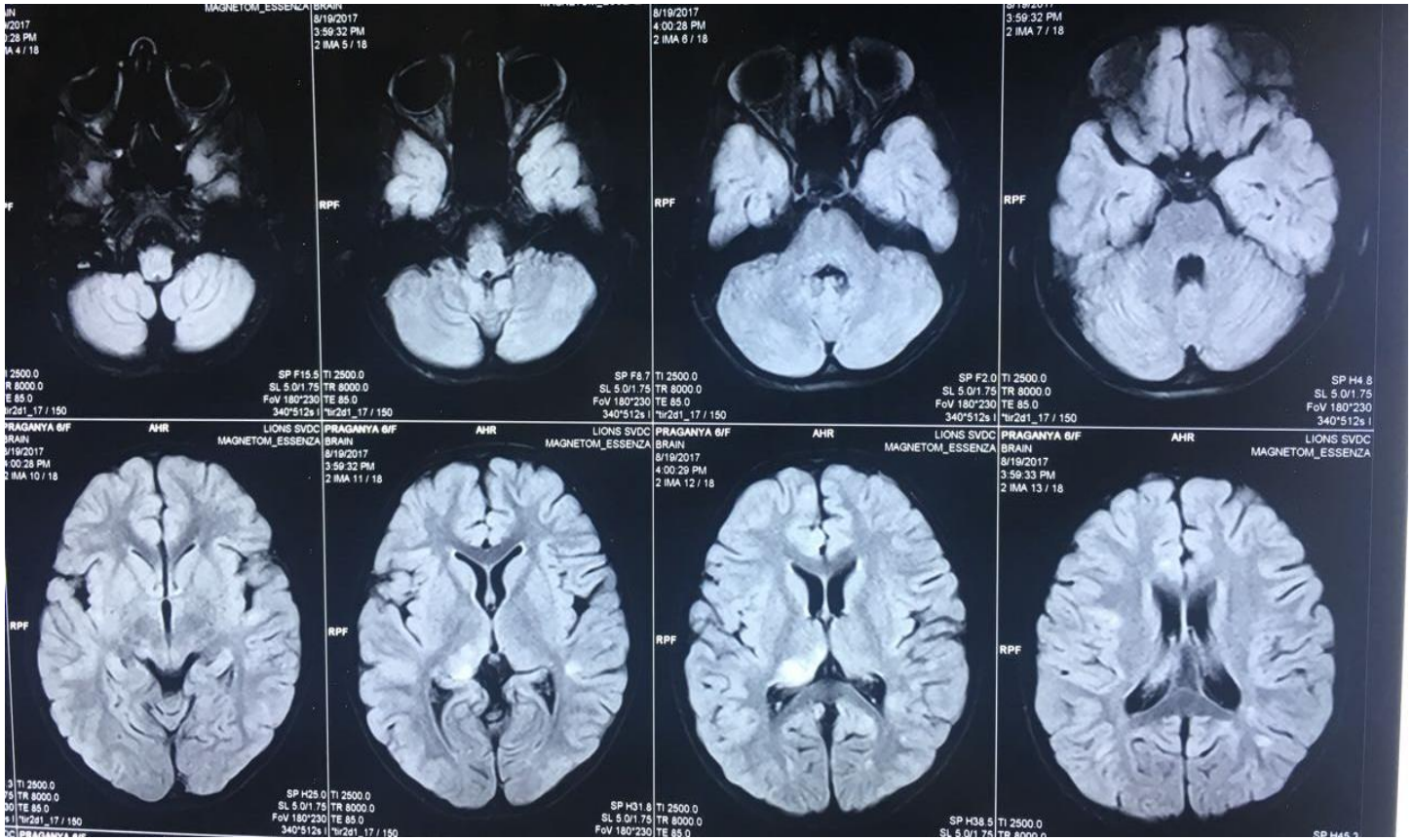
No Refractive error
Fundus - Normal

INVESTIGATIONS

- High WBC – 21,800 cells/cumm
- Neutrophilic leucocytosis (DC - N80 L17)
- High ESR – 95 mm/hr
- Chest X-ray – normal
- USG Abdomen – normal

- Fever, Headache, Lethargy
- Neuroimaging
- CSF Analysis

MRI BRAIN



Non enhancing TR hyperintense lesions noted in the right thalamus, bilateral parietal subcortical & left frontal subcortical regions

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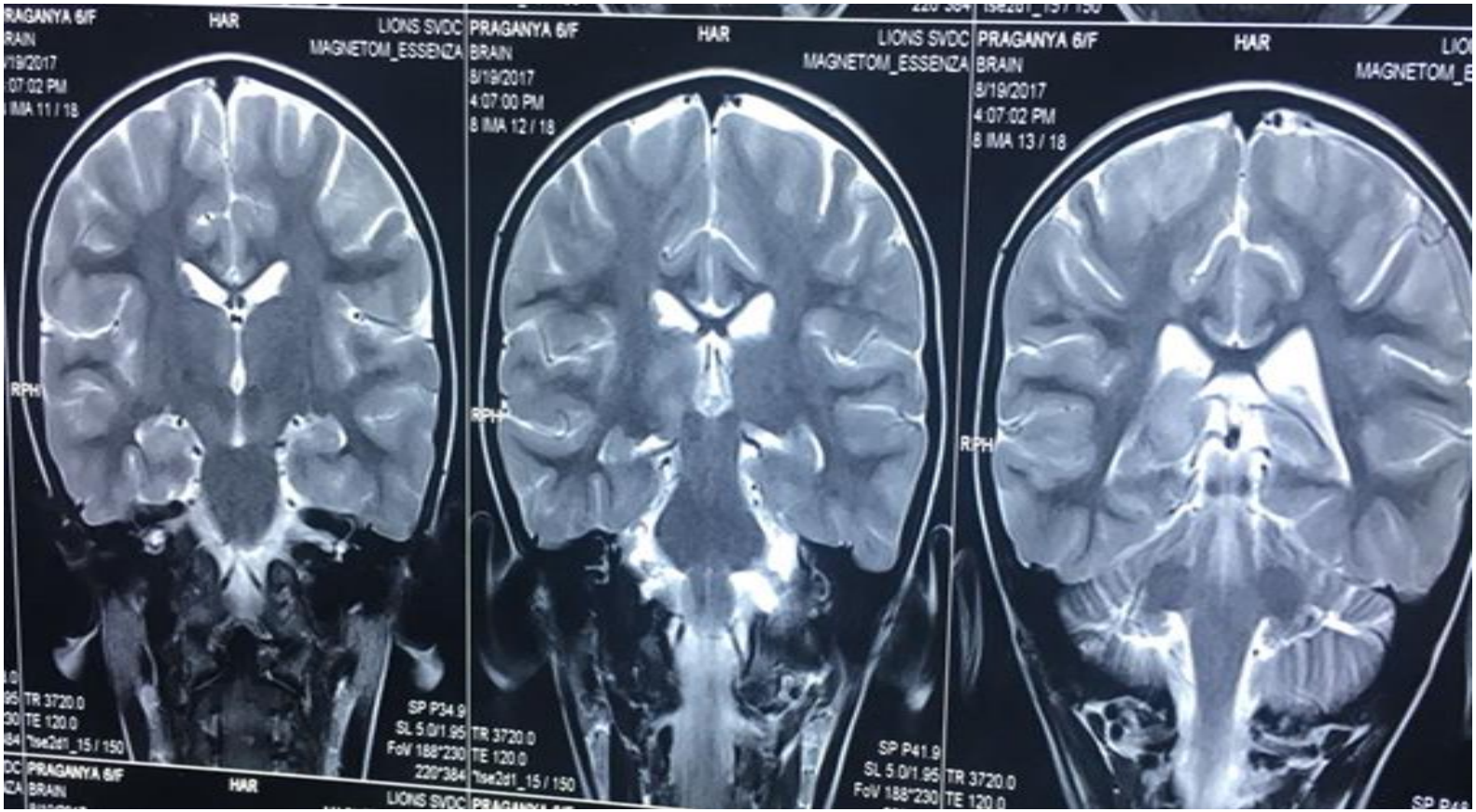

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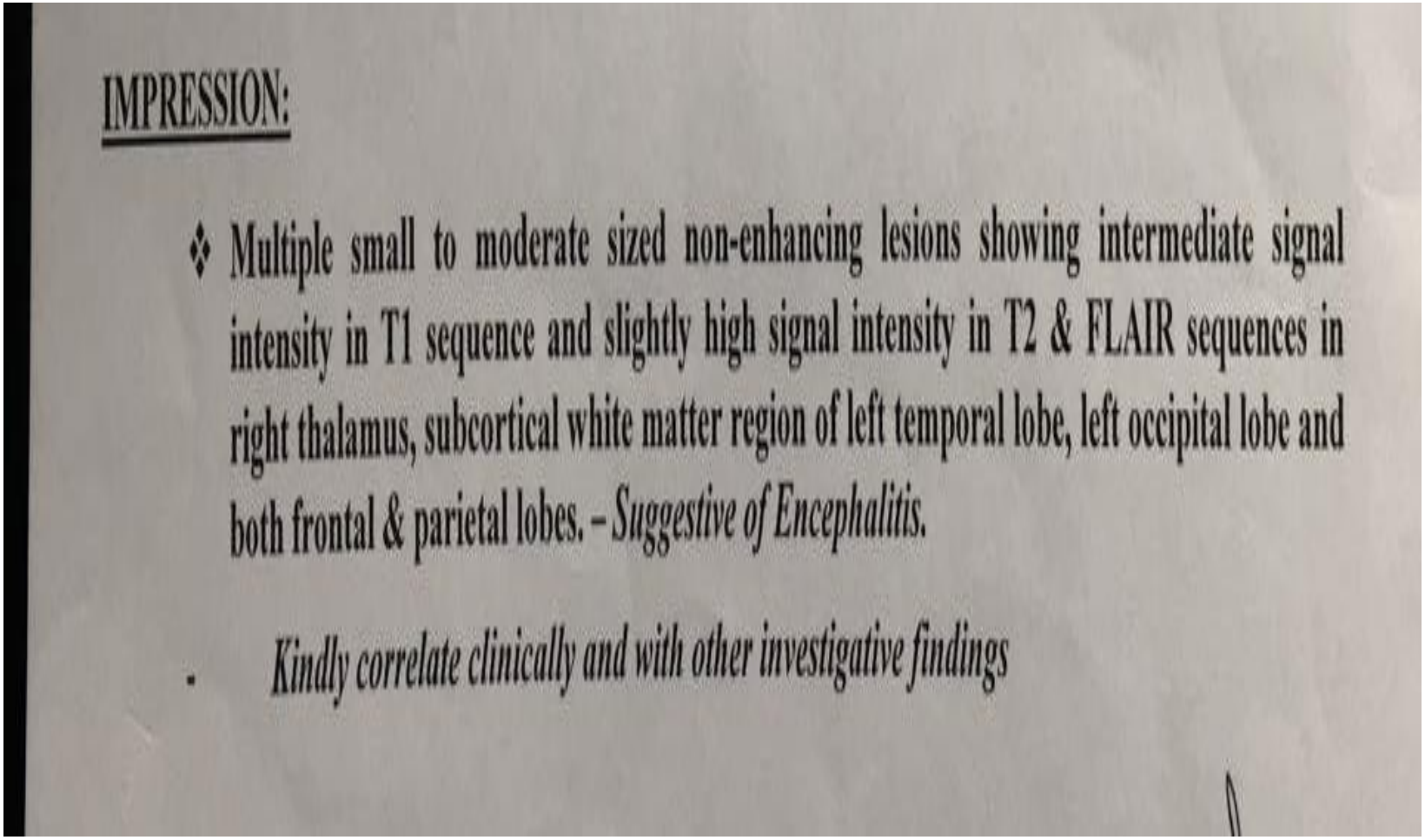
Encephalitis



IMPRESSION:

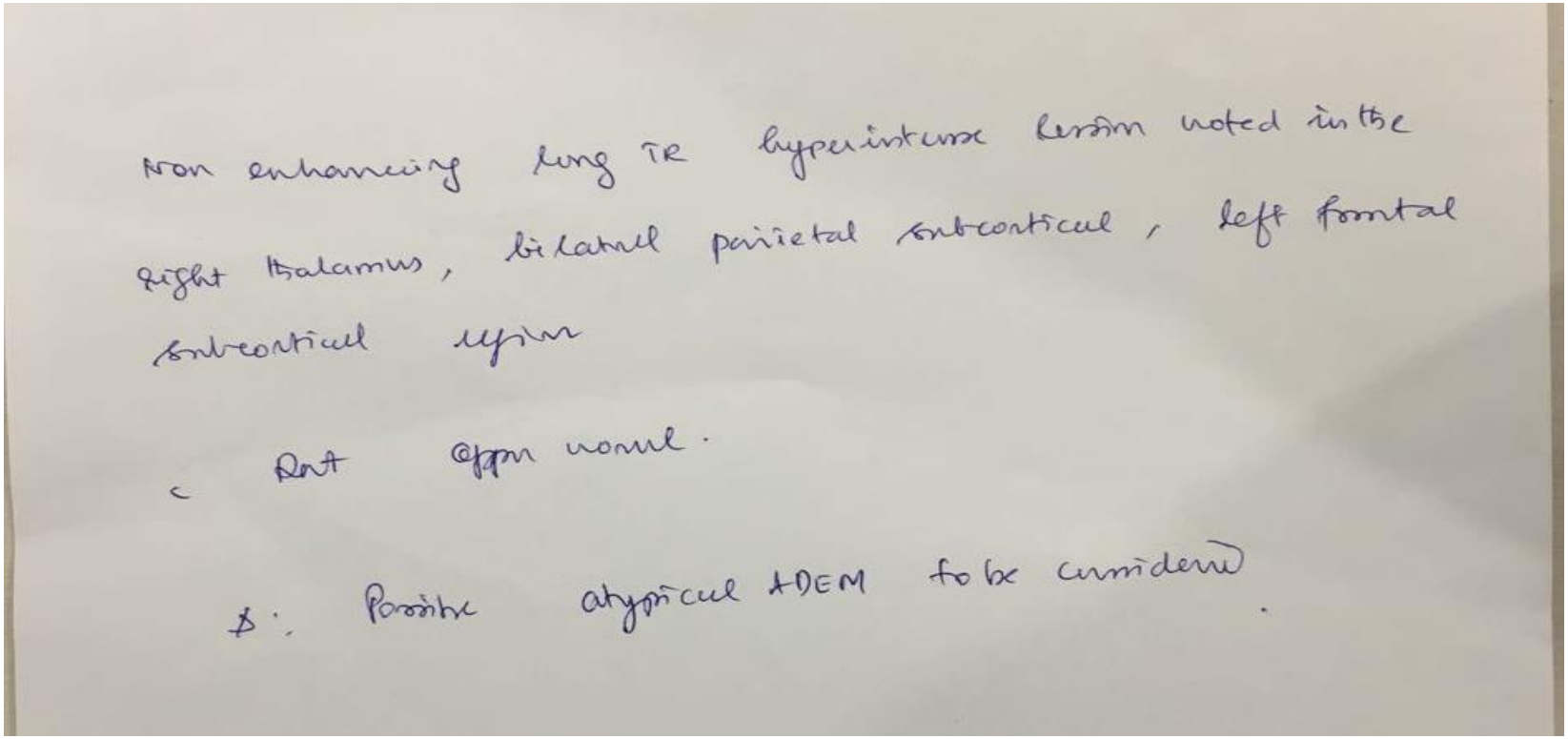
- Multiple small to moderate sized non-enhancing lesions showing intermediate signal intensity in T1 sequence and slightly high signal intensity in T2 & FLAIR sequences in right thalamus, subcortical white matter region of left temporal lobe, left occipital lobe and both frontal & parietal lobes. – *Suggestive of Encephalitis.*

Kindly correlate clinically and with other investigative findings

CSF Analysis

CSF Sugar	59 mg/dl
CSF Protein	**117 mg/dl**
CSF cell count	2 Lymphocytes
CSF Gene Xpert (MTB)	Negative
CSF AFB smear	Negative
CSF HSV / Enterovirus PCR	Negative
CSF JE IgM	Negative

Atypical ADEM



Planned for Pulse steroid therapy

Course in the hospital

- Child developed sudden onset visual loss in both eyes.
- Ophthalmologist's Review was sought

Repeat Eye examination

- Pupils not reacting
- No perception of light
- Disc hyperemia, edema
- Venous dilatation

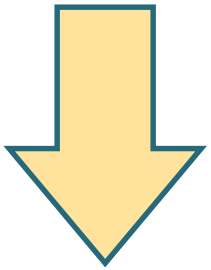
ACUTE OPTIC NEURITIS BOTH EYES

DIAGNOSIS

ACUTE DISSEMINATED ENCEPHALOMYELITIS WITH BILATERAL OPTIC NEURITIS

TREATMENT

- Pulse IV Methylprednisolone was given for 5 days



- Bilateral vision improved (both subjective & objective)

- Fever spikes & headache settled.

Discharge status

- Discharged on oral prednisolone
- Visual acuity before discharge

  Right Eye – 6/9

  Left Eye – 3/90
- Planned close follow up

FOLLOW UP:

- Oral prednisolone – tapered & stopped over a period of 8 weeks
- Vision – normal

LESSONS LEARNT

- In any child with prolonged fever, possibility of ADEM to be kept in mind
- Thorough Neurological & Eye Examination helps to clinch the diagnosis
- Child with ADEM needs close follow up

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Case Report Open Access

Acute Demyelinating Encephalomyelitis Presenting as PUO

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THANK YOU