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Teaching NeuroImages: Radiographic progression in late-onset Rasmussen encephalitis

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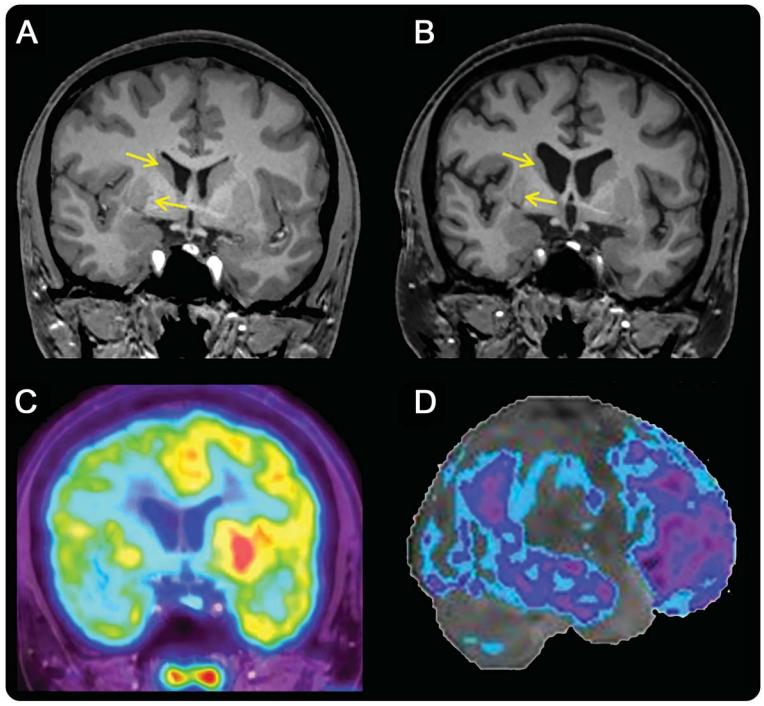
Figure MRI and interictal PET of the brain



Coronal T1-weighted MRI from 2013 (A) and 2015 (B) show progressive cerebral atrophy, right more than left, most prominent in the striatum (arrows). Initial MRI from 2011 was normal. [^{18}F]-Fluorodeoxyglucose–PET shows right hemispheric hypometabolism predominantly involving the striatum (C) and frontal and temporal lobes (blue regions, D).

A 20-year-old man presented who had epilepsy onset at age 15 with a single generalized tonic-clonic seizure, and after 2 years of seizure freedom, experienced emergence of dyscognitive and hypermotor seizures, and in the most recent 18 months, a progressive pattern of dyscognitive and focal motor complex- and simple-partial status epilepticus involving the left extremities. EEG showed multifocal ictal and interictal multifocal epileptiform abnormalities before settling into frequent right central-parietal seizures and slowing. Neuroimaging showed progressive right hemispheric atrophy and hypometabolism (figure), common findings in adult-onset Rasmussen encephalitis.[1] No autoimmune or paraneoplastic markers were found. The patient began and continues treatment with monthly IV gamma globulin (IV immunoglobulin) for adult-onset Rasmussen encephalitis.[2]

AUTHOR CONTRIBUTIONS

Carlos Leiva-Salinas: data acquisition, drafting of manuscript, concept of the manuscript. Mark Quigg: data acquisition, drafting and revising of manuscript, concept of the manuscript.

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DISCLOSURE

The authors have reported no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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