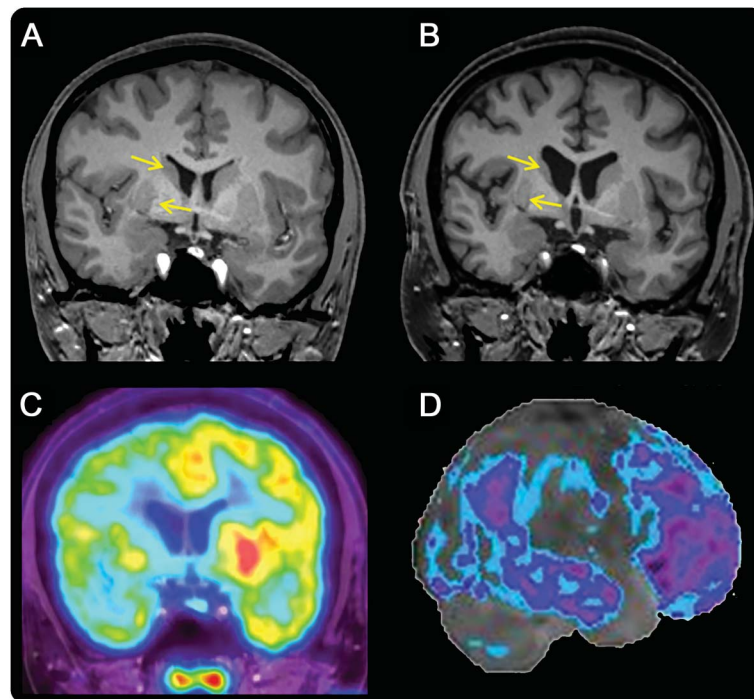


Teaching NeuroImages: Radiographic progression in late-onset Rasmussen encephalitis

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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. [¹⁸F]-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.

STUDY FUNDING

No targeted funding reported.

DISCLOSURE

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

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Neurology 2016;87:e108

DOI 10.1212/WNL.0000000000003071

This information is current as of September 5, 2016

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