



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

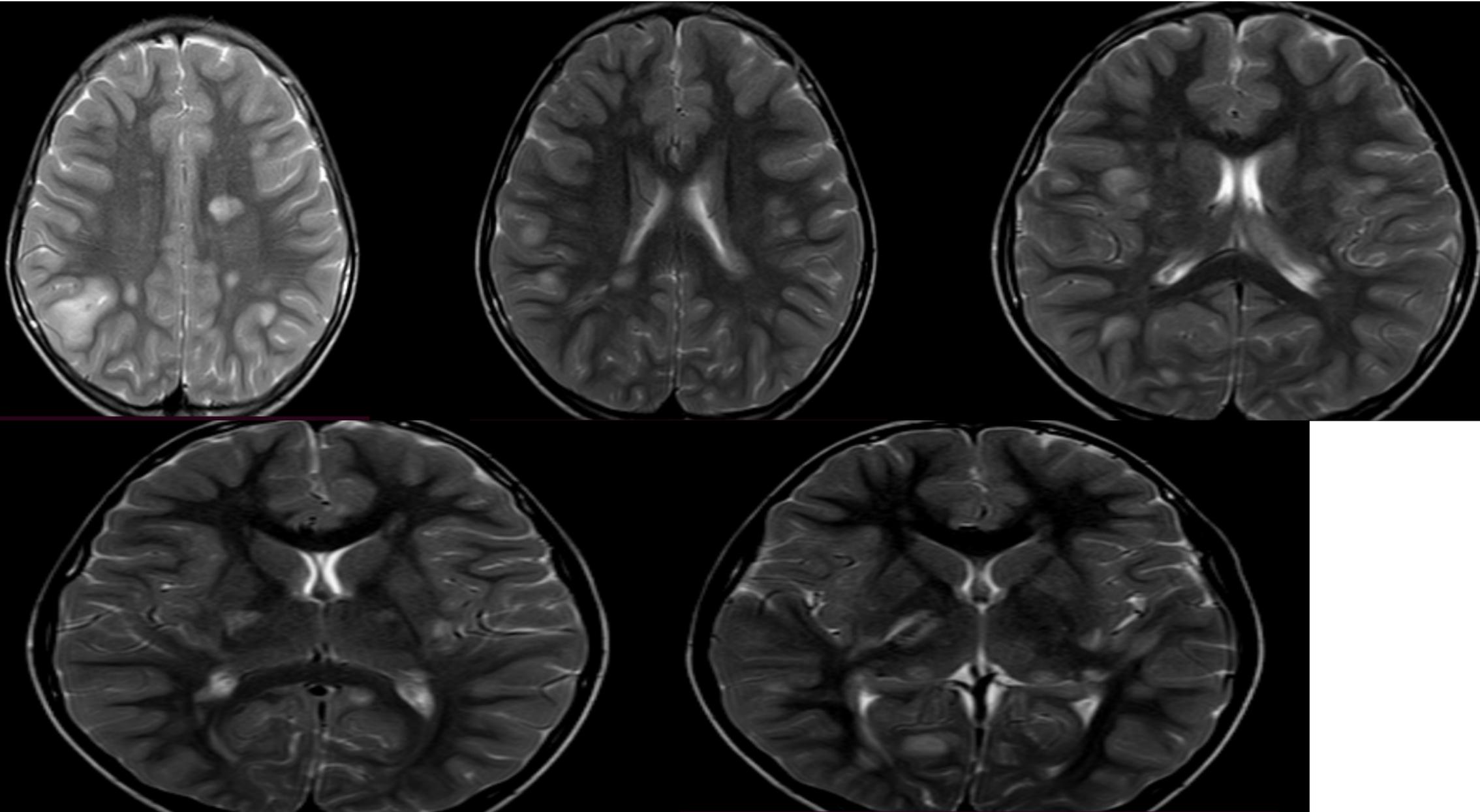
MENTOR : Dr. Rahul K R, Assistant professor, Dept. of radiodiagnosis

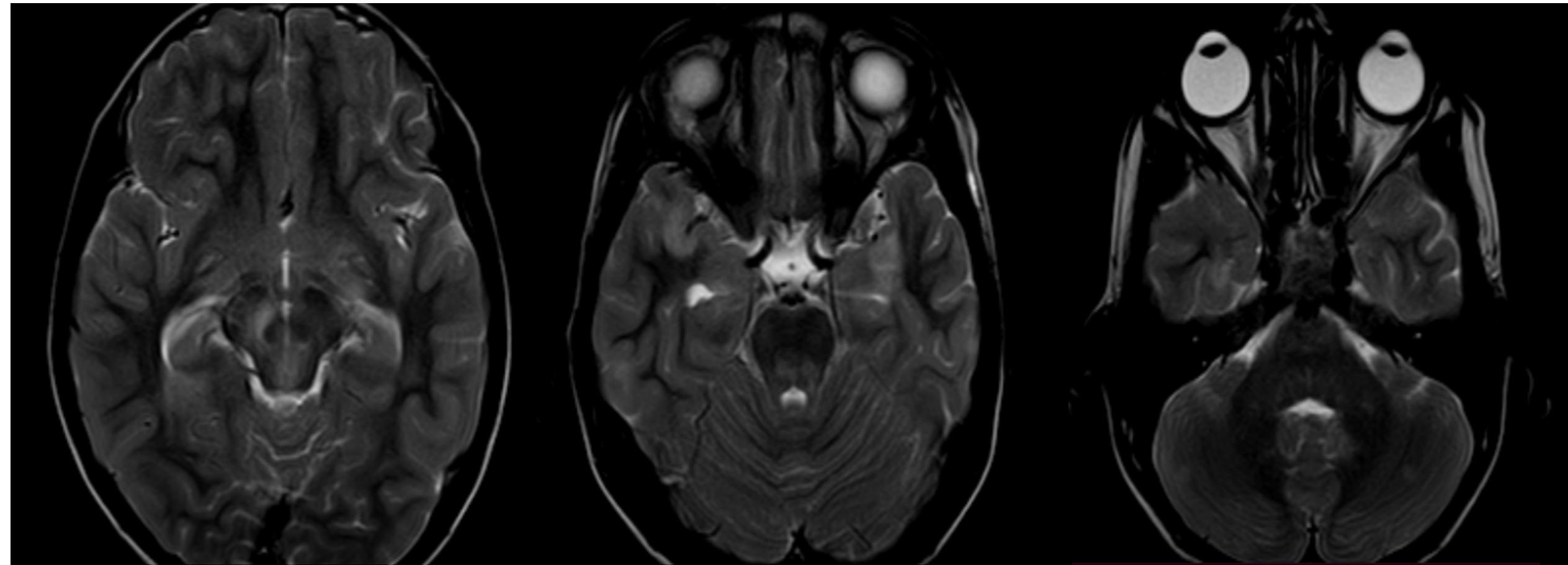
JJM MEDICAL COLLEGE, DAVANAGERE

Presenter: Dr Shreya, PG Resident

- A 10month old male patient with chief complaints of 1episode of generalized tonicclonic seizures associated with uprolling of bilateral eyes and involuuntary involvement of bilateral upper and lower limbs.
- Fever with chills 2weeks back
- 2episodes of vomiting since 2days
- On examination neck rigidity and Brudzinski sign positive
- TLC-raised(15940)
- **CSF analysis-Protein-120(raised),Glucose-normal.**
- CSF gram stain negative.
- **MOG and NMO antibodies negative.**
- Birth history-normal,No NICU Admission
- Developmental history -normal

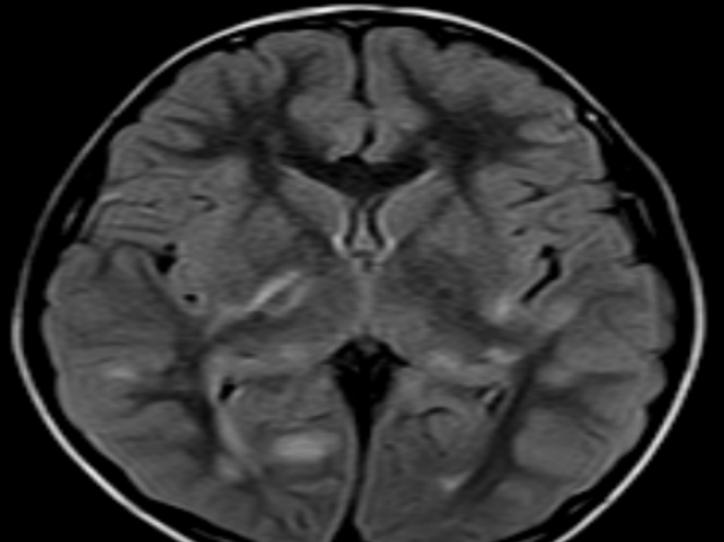
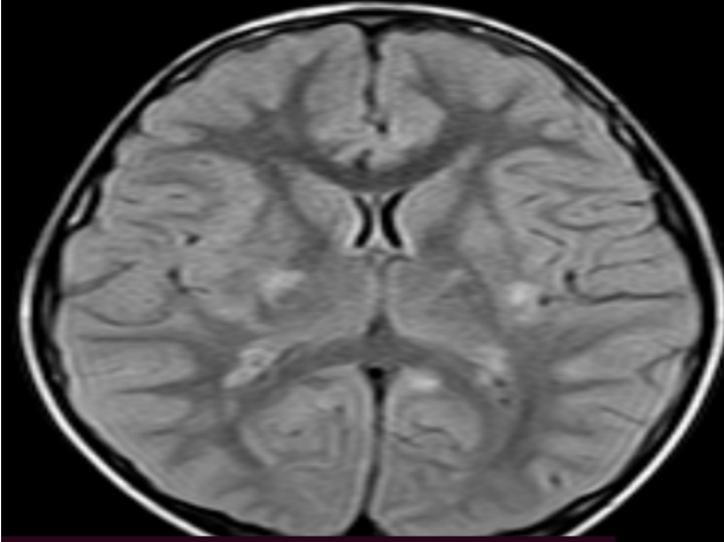
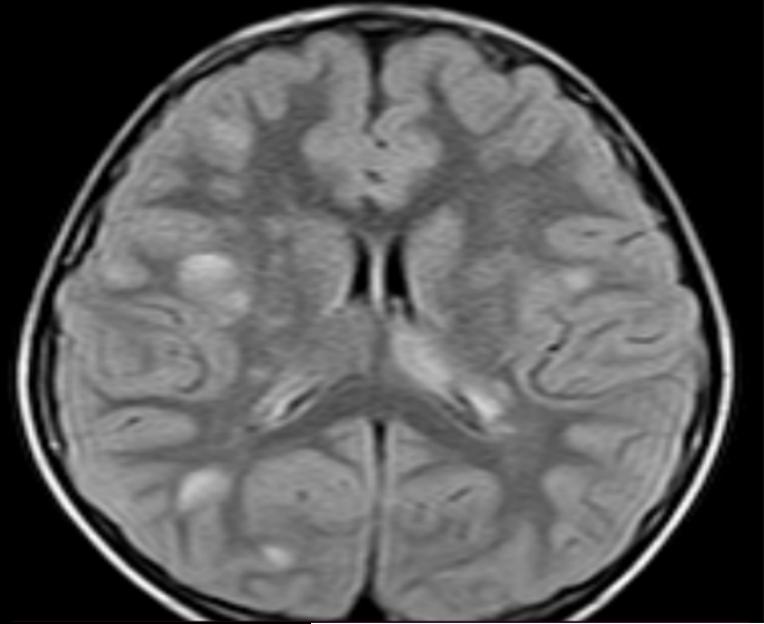
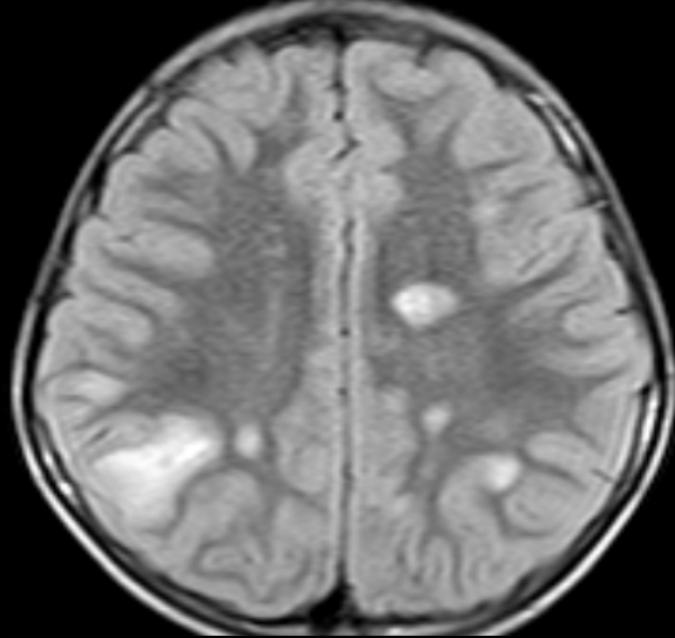
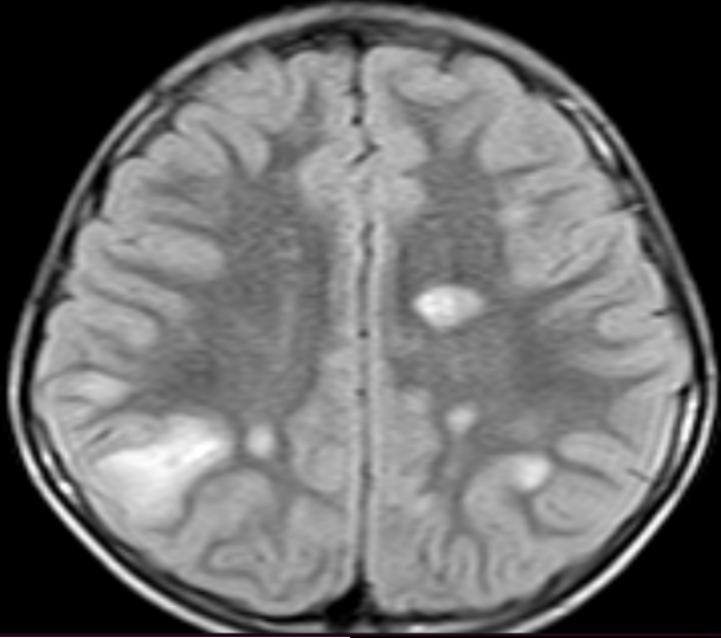
T2W

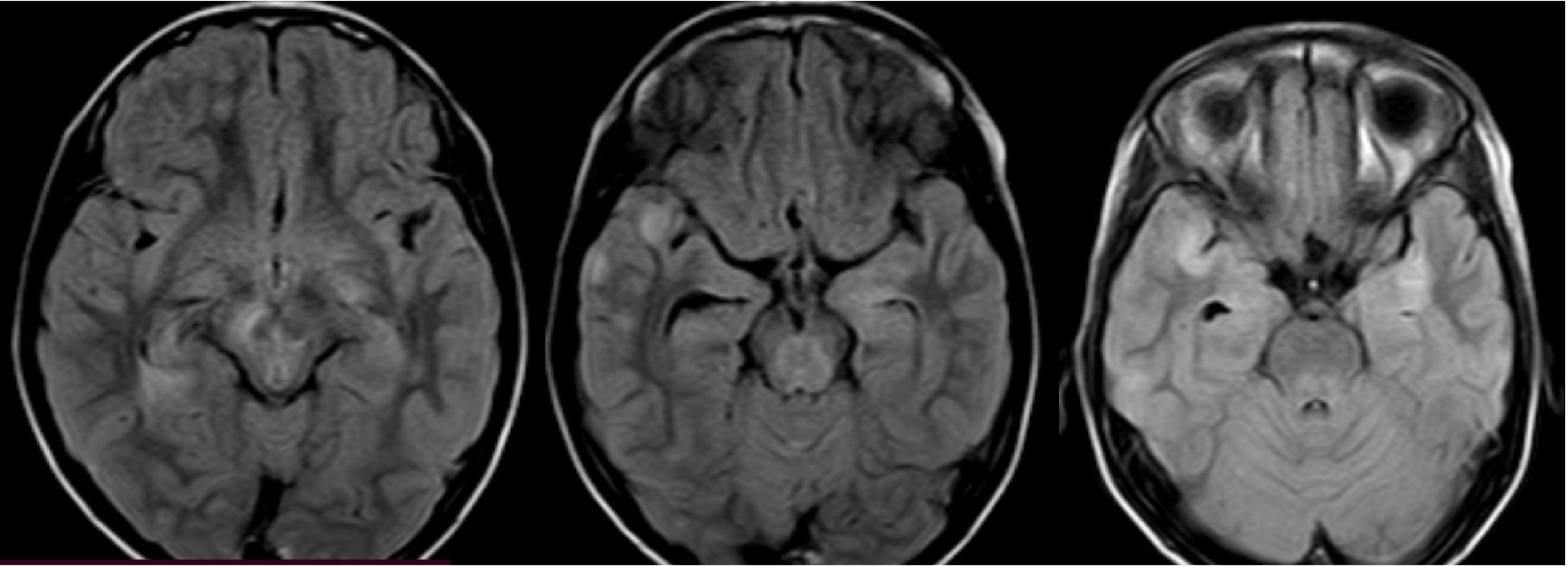




Multiple variable sized focal areas of T2W hyperintensities noted in subcortical white matter of bilateral cerebral hemispheres, Bilateral centrumsemiovale, bilateral gangliocapsular region, thalami, cerebellar hemispheres, midbrain, pons, medulla

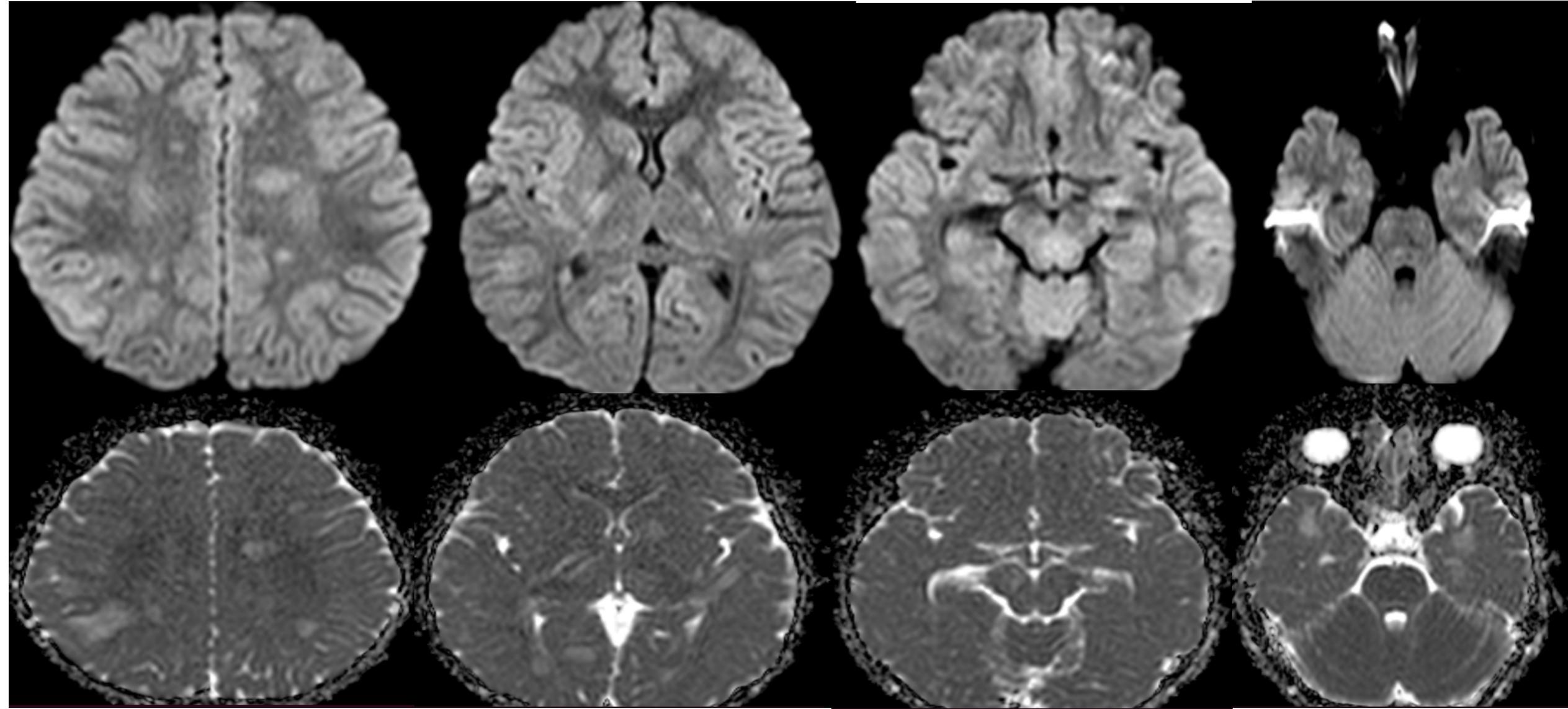
FLAIR



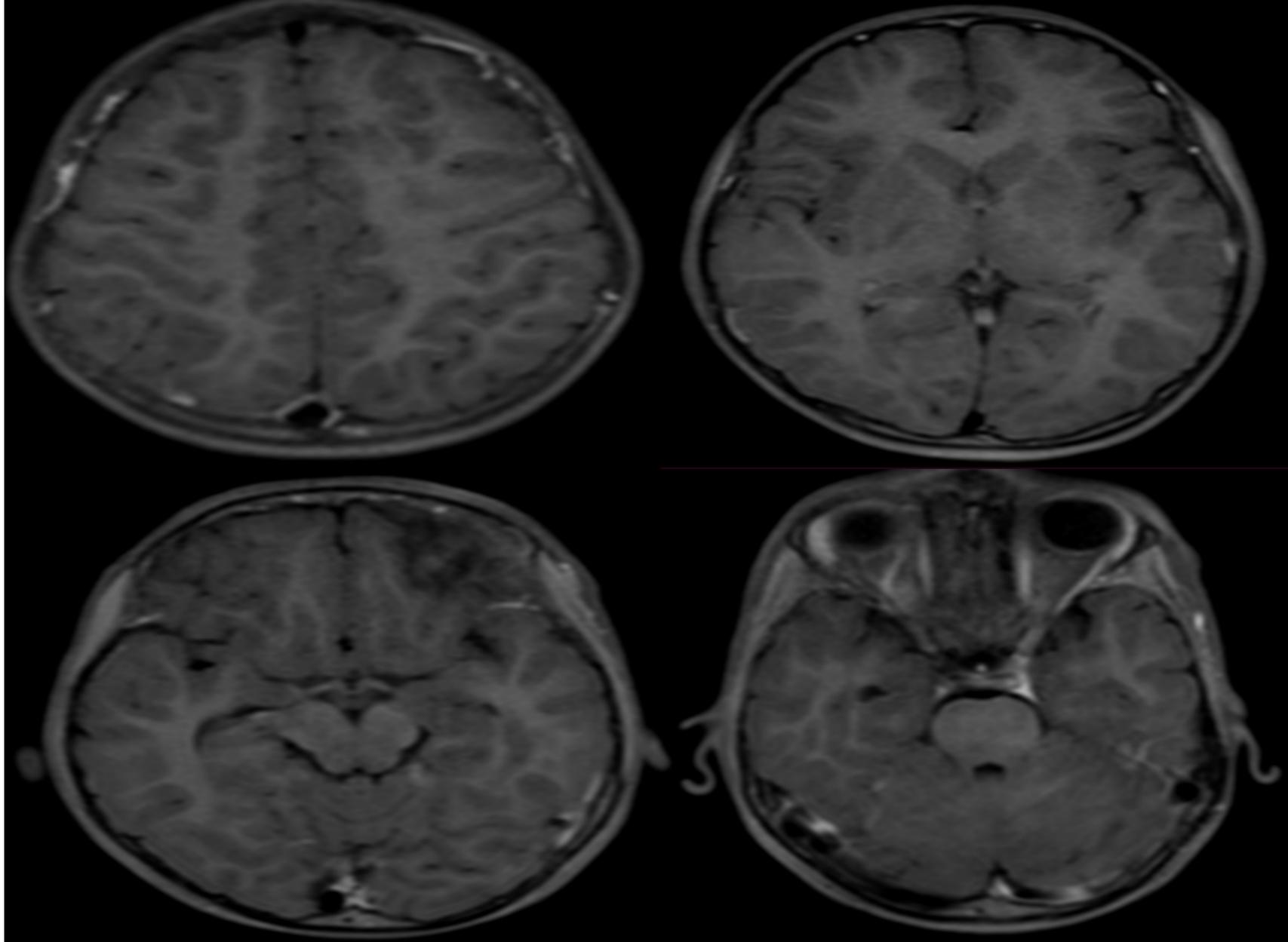


FLAIR hyperintensities noted in subcortical white matter of bilateral cerebral hemispheres, Bilateral centrum semiovale, bilateral gangliocapsular region, thalami, cerebellar hemispheres, midbrain, pons, medulla

DWI-ADC



No areas of true diffusion restriction on DWI-ADC



Post-contrast t1 fat sat-No enhancement



Cervical spinal cord is bulky with multiple focal areas of T2 hyperintensity in the central spinal cord, lower thoracic and conus of spinal cord

Conclusion:

- Multiple variable-sized focal areas of T2/FLAIR hyperintensities not showing true diffusion restriction noted in subcortical white matter of bilateral cerebral hemispheres, Bilateral centrumsemiovale, bilateral gangliocapsular region, thalami, cerebellar hemispheres, midbrain, pons, medulla.
- Cervical spinal cord is bulky with multiple focal areas of T2 hyperintensity in the central spinal cord, lower thoracic and conus of the spinal cord.

➤ F/S/O Acute Disseminated Encephalomyelitis

- D'd: Multiple sclerosis

Callens criteria to distinguish MS from ADEM

Table III. Criteria to distinguish MS from ADEM*

Any 2 of:

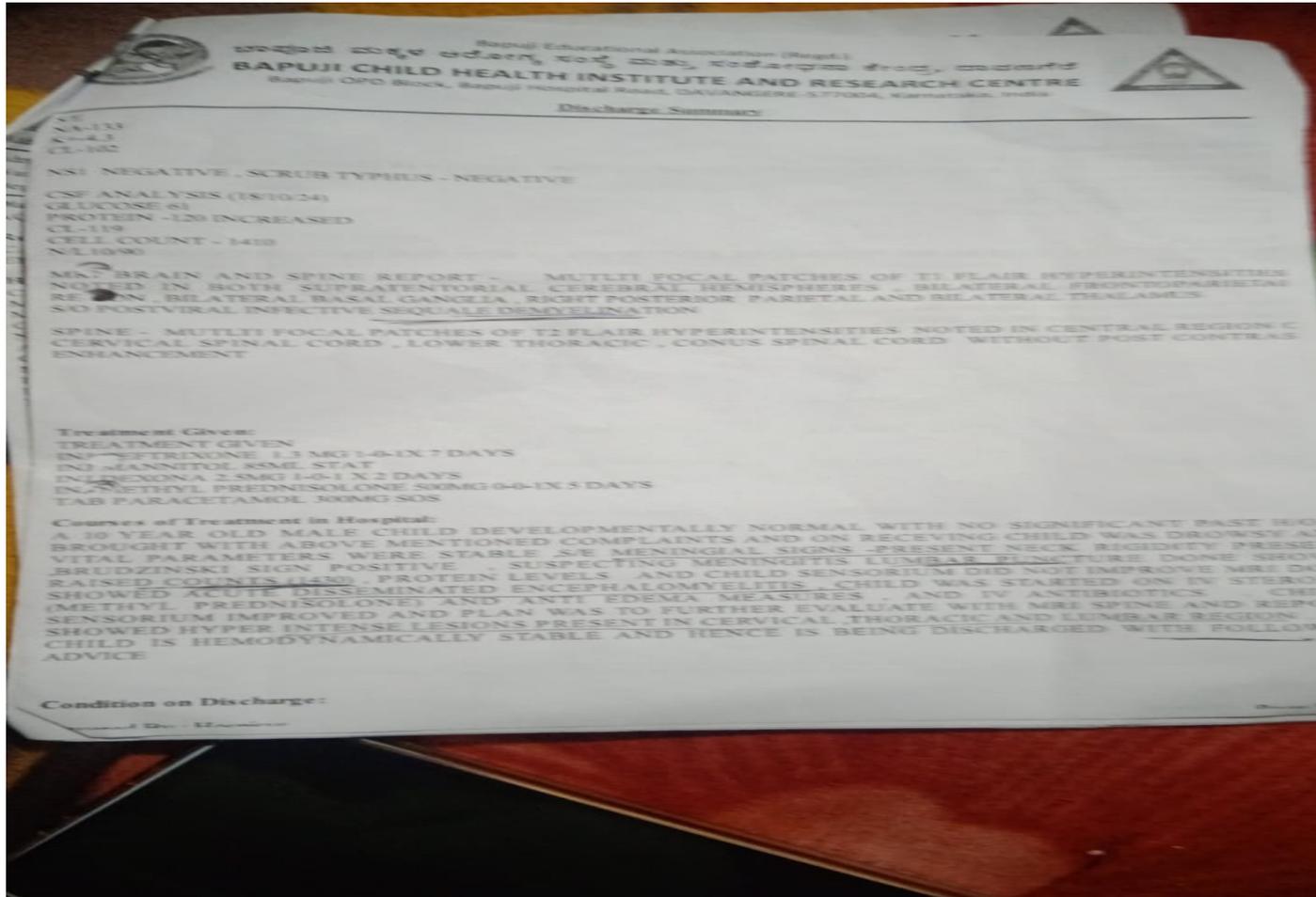
- | |
|---|
| <ul style="list-style-type: none">• Absence of a diffuse bilateral lesion pattern• Presence of black holes• Presence of 2 or more periventricular lesions |
|---|

*Callen, et al. Role of MRI in differentiation of ADEM from MS in children. Neurology 2009;72(11):968-73.

- **Treatment-**

- Inj. Methylprednisolone pulse therapy for 1 week.
- IV Antibiotics.

FOLLOW UP



Patient improved on IV Steroids and antibiotics

THANK YOU