



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

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JJM MEDICAL COLLEGE, DAVANGERE

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- 14 year old male child came with the chief complaint of GTCS (2-3 episodes) which lasted for 20-30 minutes.

- O/E-

Patient was febrile, diaphoretic and excessive sweating.

Crackles heard on breathing.

Comatose, not responding to stimuli.

Rhythmic movements of fingers, eyelids and left arm was seen.

- H/O-

Patient was previously admitted in hospital 3 years back i/v/o Rickettsial Encephalitis, was on ventilator for 5 days and given levipil syrup for 6 months.

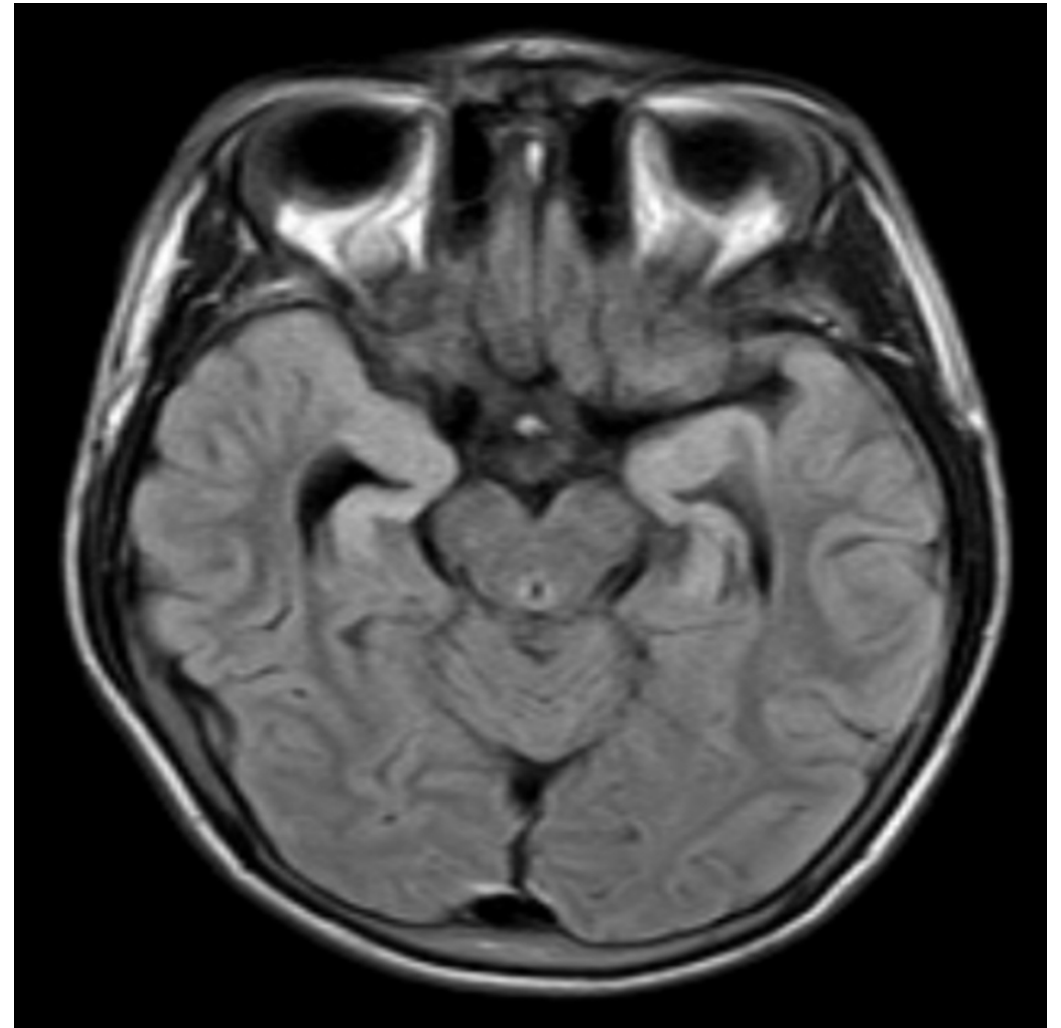
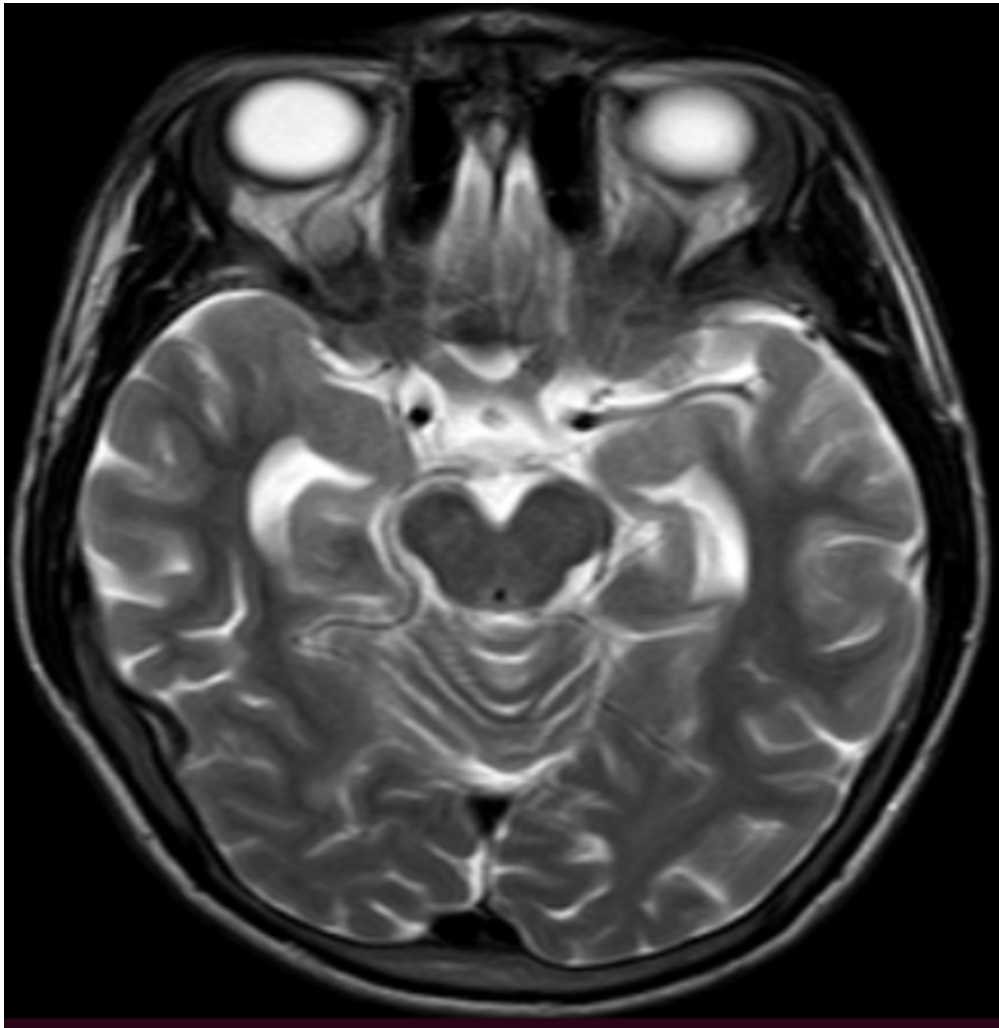
Blood investigations-

Alkaline phosphatase – 567 (increased)

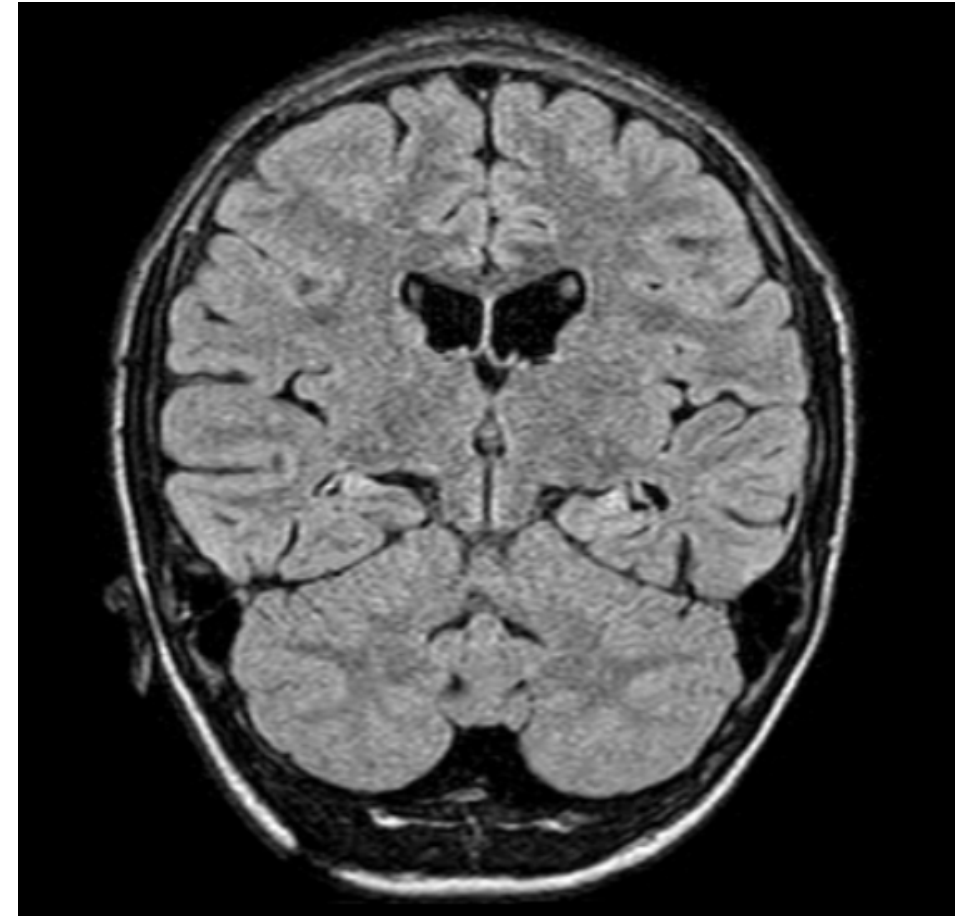
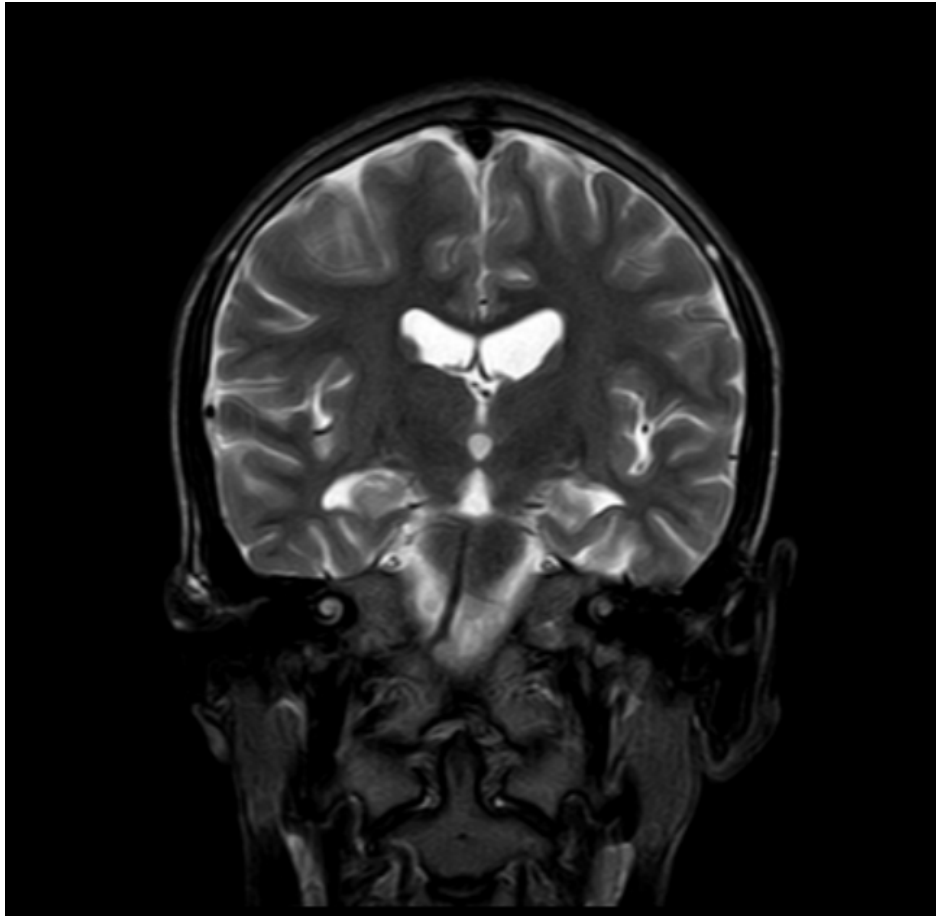
Bilirubin direct- 0.29 (increased)

ALT- 57.8 (increased)

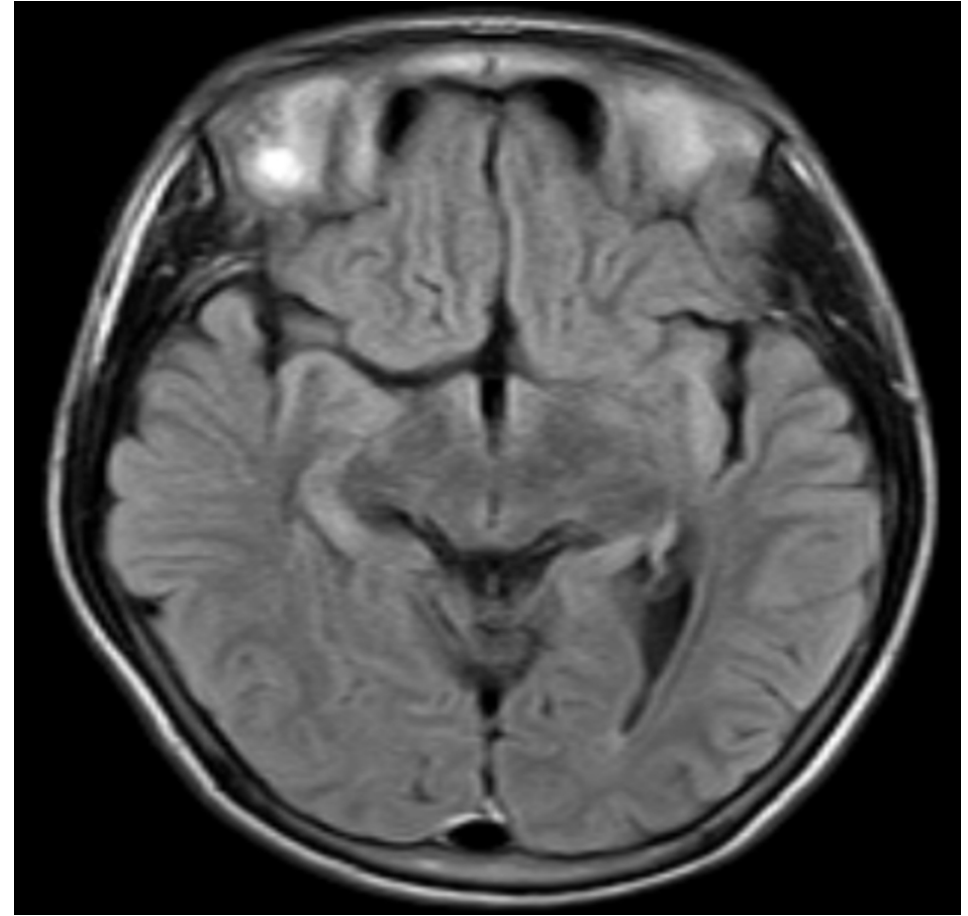
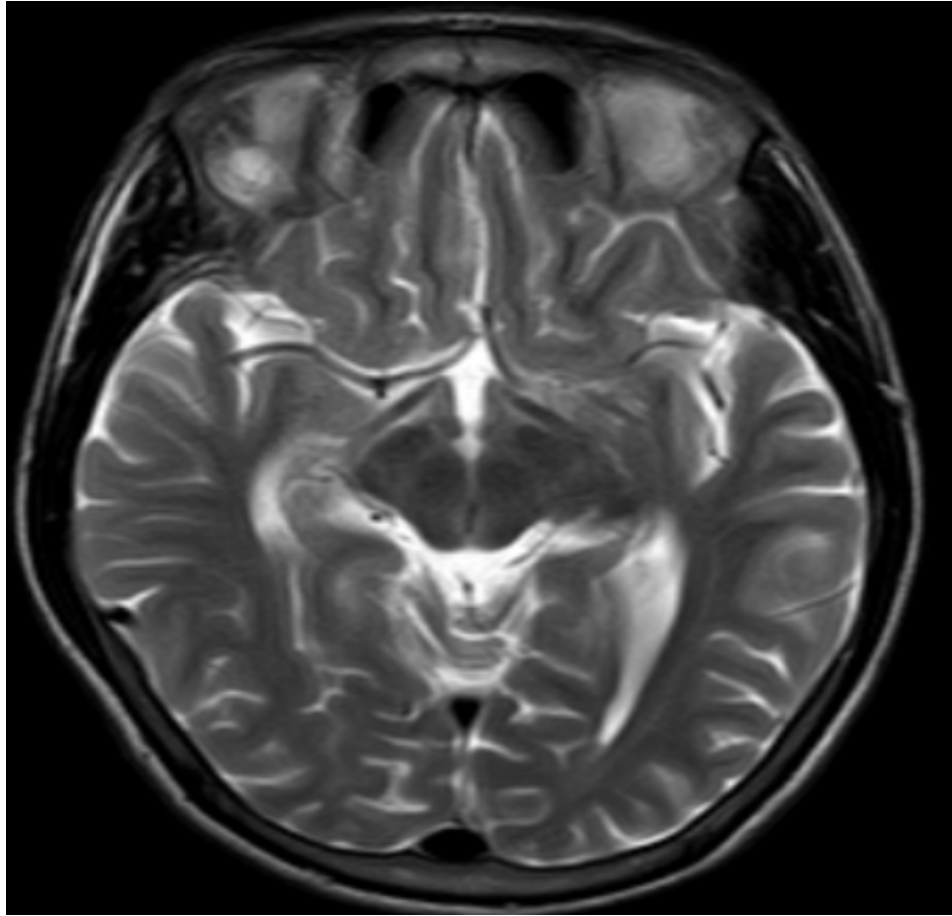
AST- 61.6 (increased)



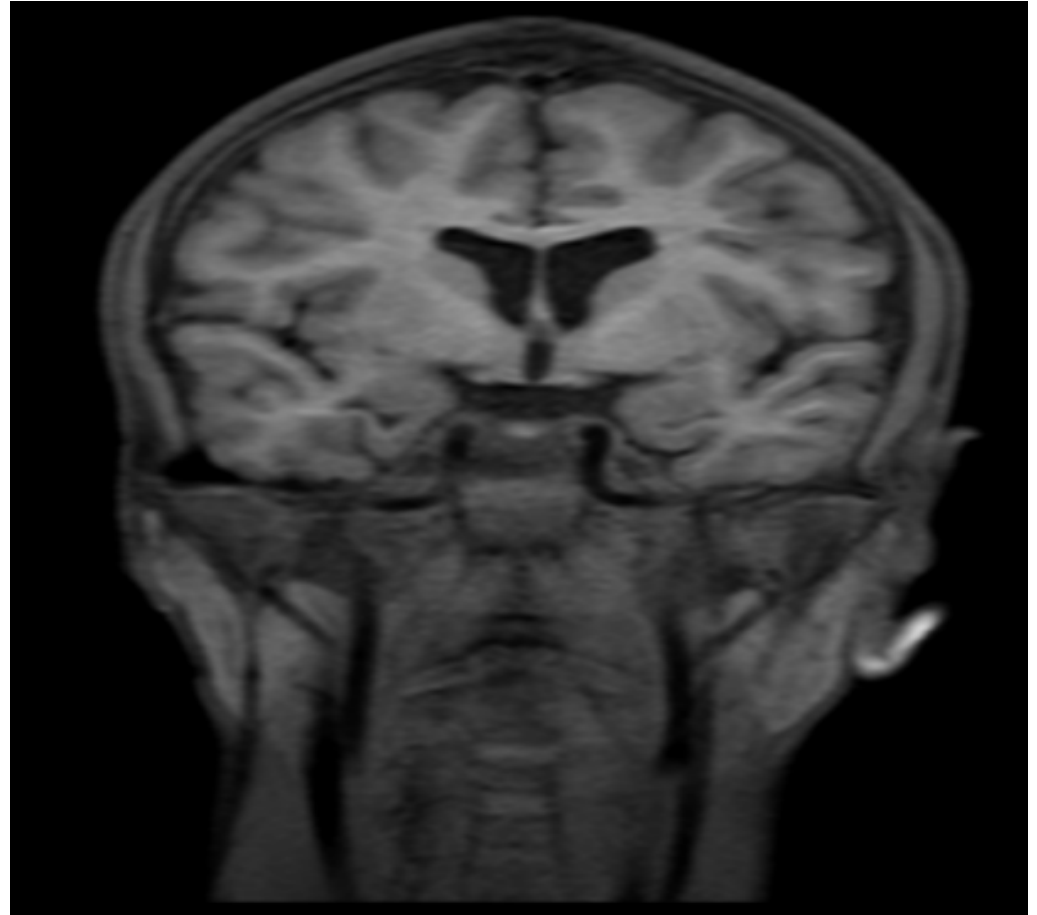
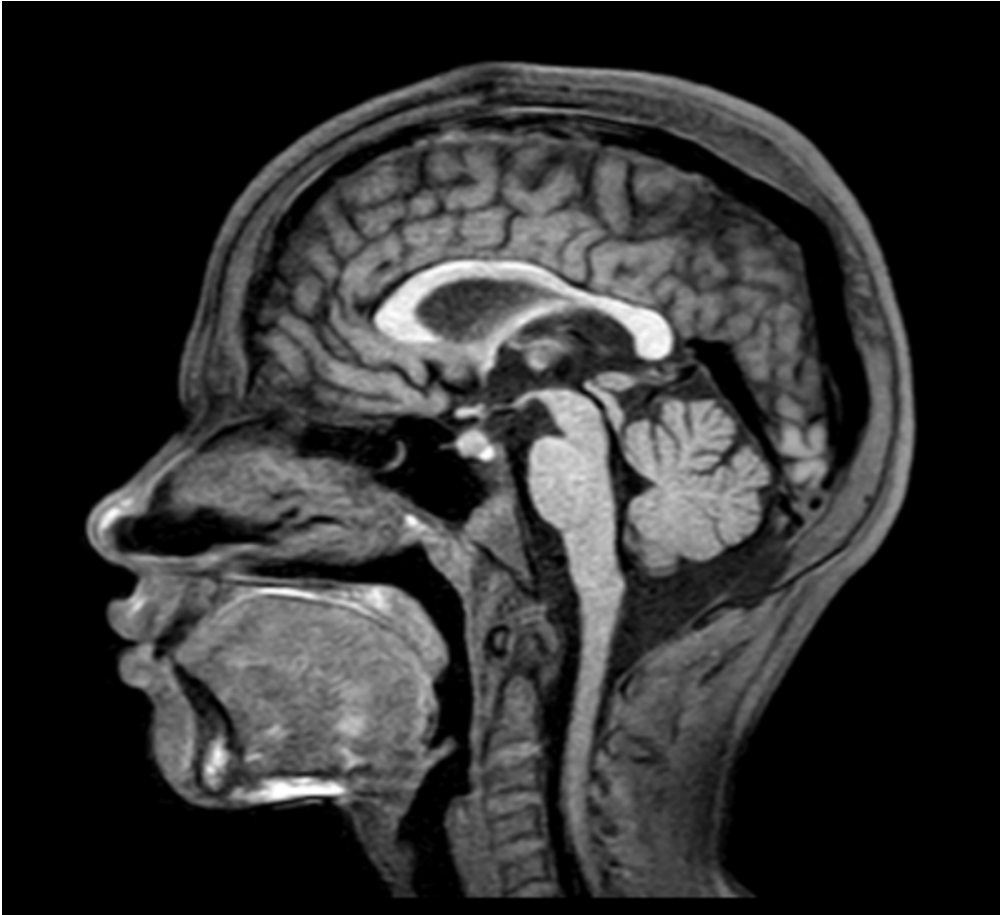
Axial section of T2WI/FLAIR. There is T2WI/FLAIR hyperintensity and atrophy of bilateral hippocampi (R>L)



This is T2WI coronal and FLAIR oblique coronal section. There is T2 coronal/FLAIR oblique coronal hyperintensity and atrophy of bilateral hippocampi (R>L)



Mild atrophy of bilateral mamillary bodies.



Mild atrophy of bilateral mamillary bodies



T1 hypointense, T2/FLAIR hyperintense well defined area not showing diffusion restriction noted in left occipital lobe white matter

IMPRESSION

- **FLAIR hyperintensity and atrophy of bilateral hippocampi (R>L) with mild atrophy of bilateral mamillary bodies – *Likely bilateral mesial temporal sclerosis.***
- **Focal gliosis in left occipital lobe white matter.**