



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

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PRESENTER: Dr. Jaku Bansal , PG Resident**

HISTORY

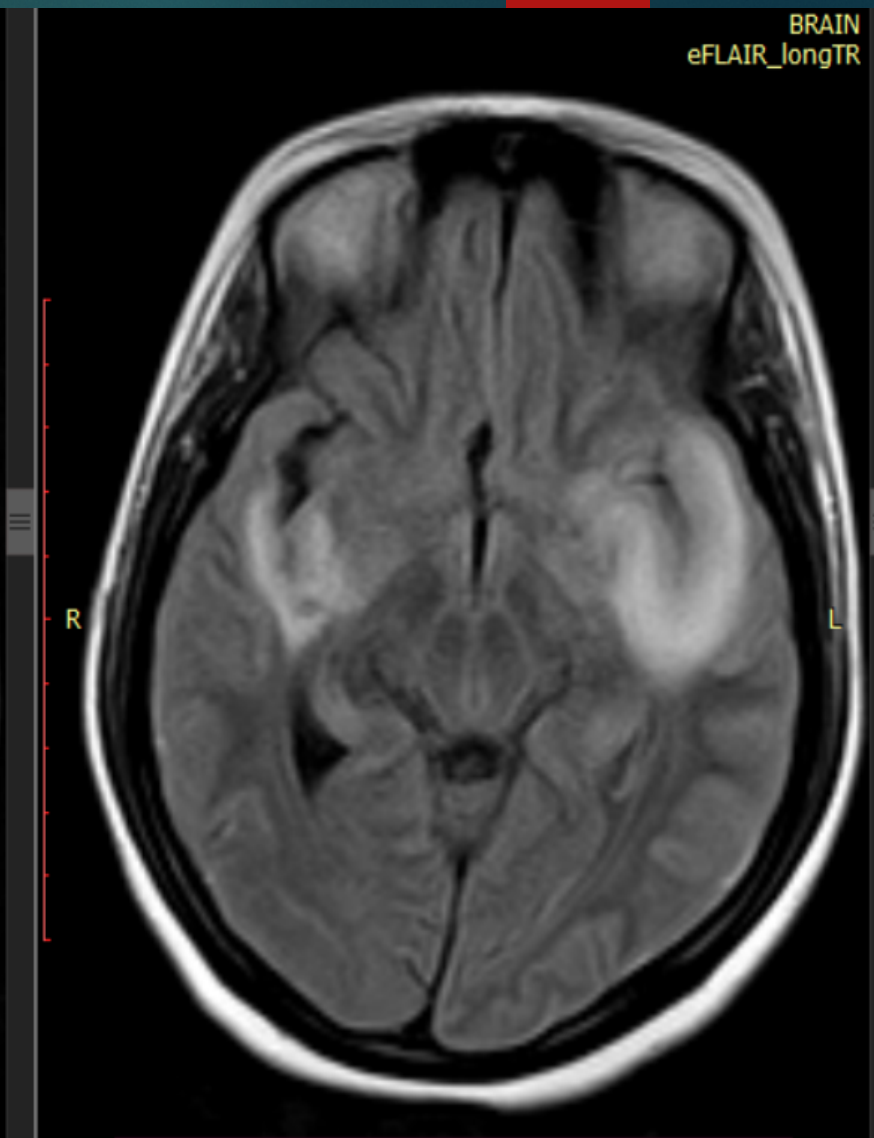
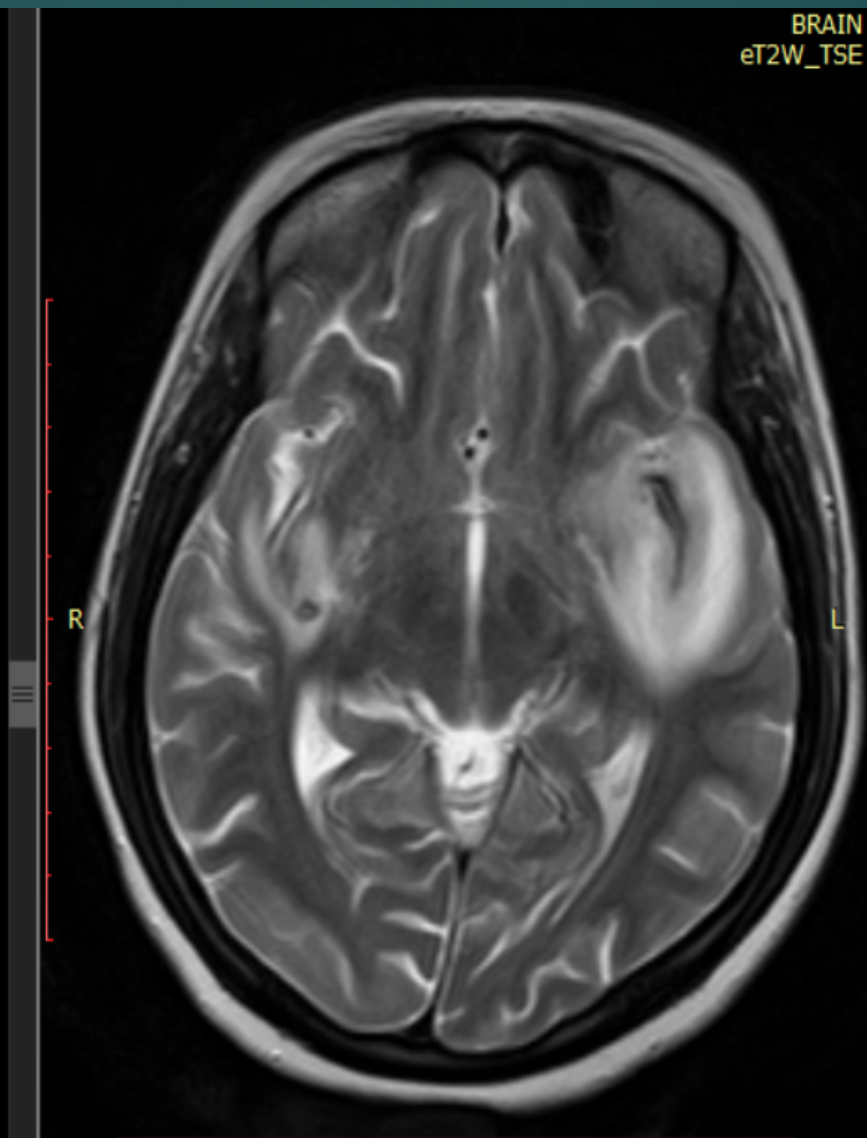
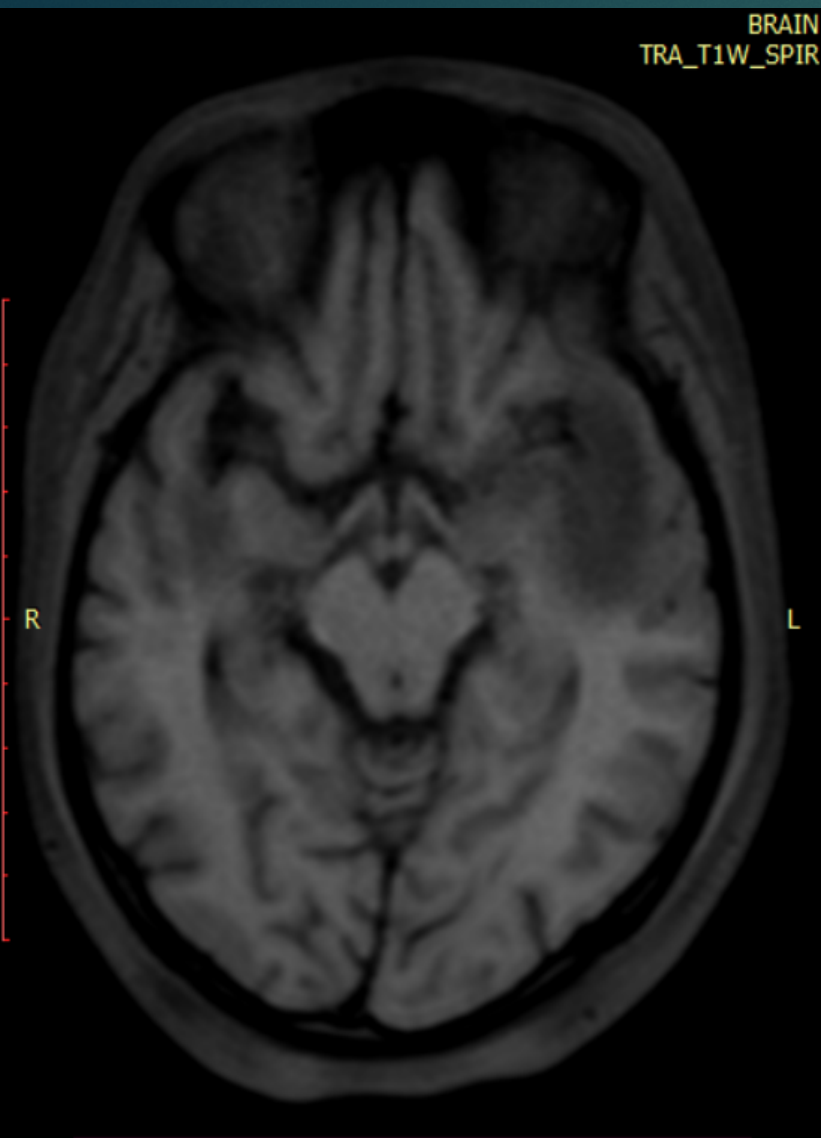
- A 22 yrs old female, G2P0A1L0 with 4 months of amenorrhea
- C/o fever since 1 week
 - altered sensorium and reduced responsiveness since the afternoon
 - associated with vomiting
- She developed moderate to high grade fever associated with chills and rigors. History of headache since 1 week. c/o of altered sensorium in form of shouting and roll over the bed with irritability and also reduced responsiveness to verbal commands
- No h/o convulsions, burning micturition, pain abdomen, cough and rashes over body.
- F/H – not significant.
- No h/o systemic illness.
- No significant past history.

Continues...

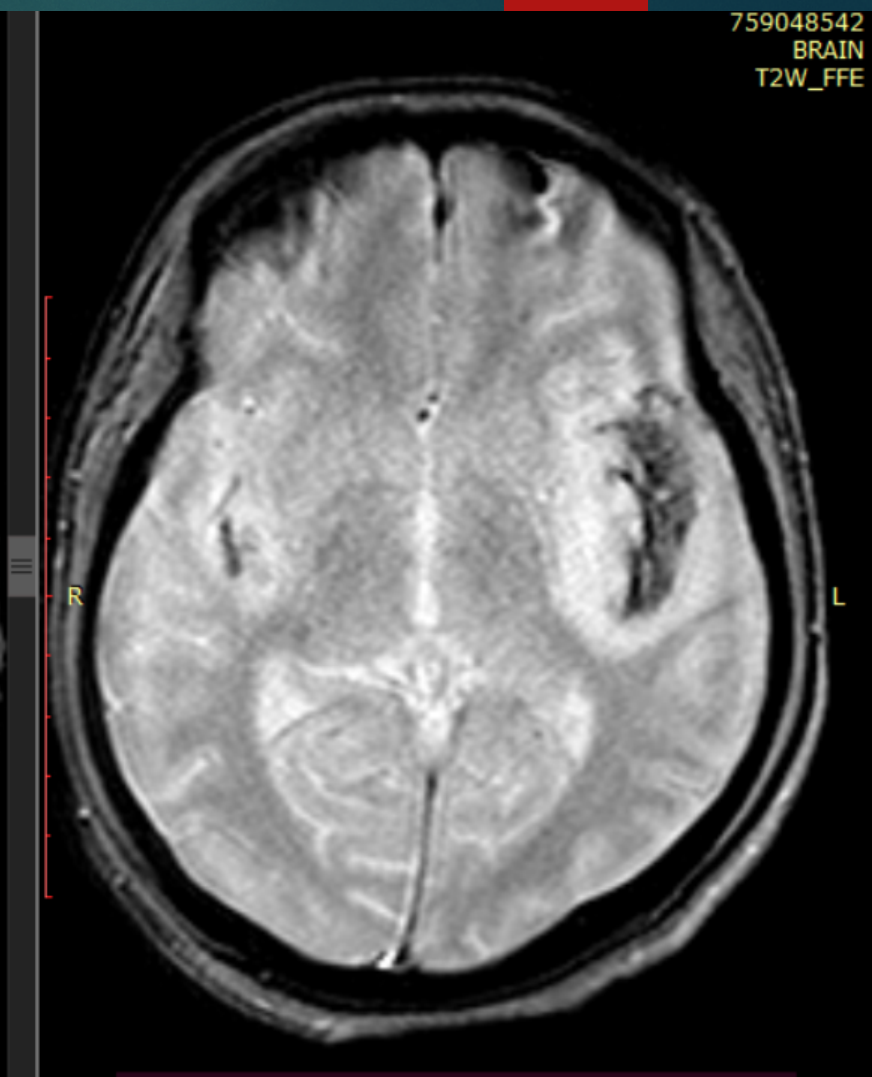
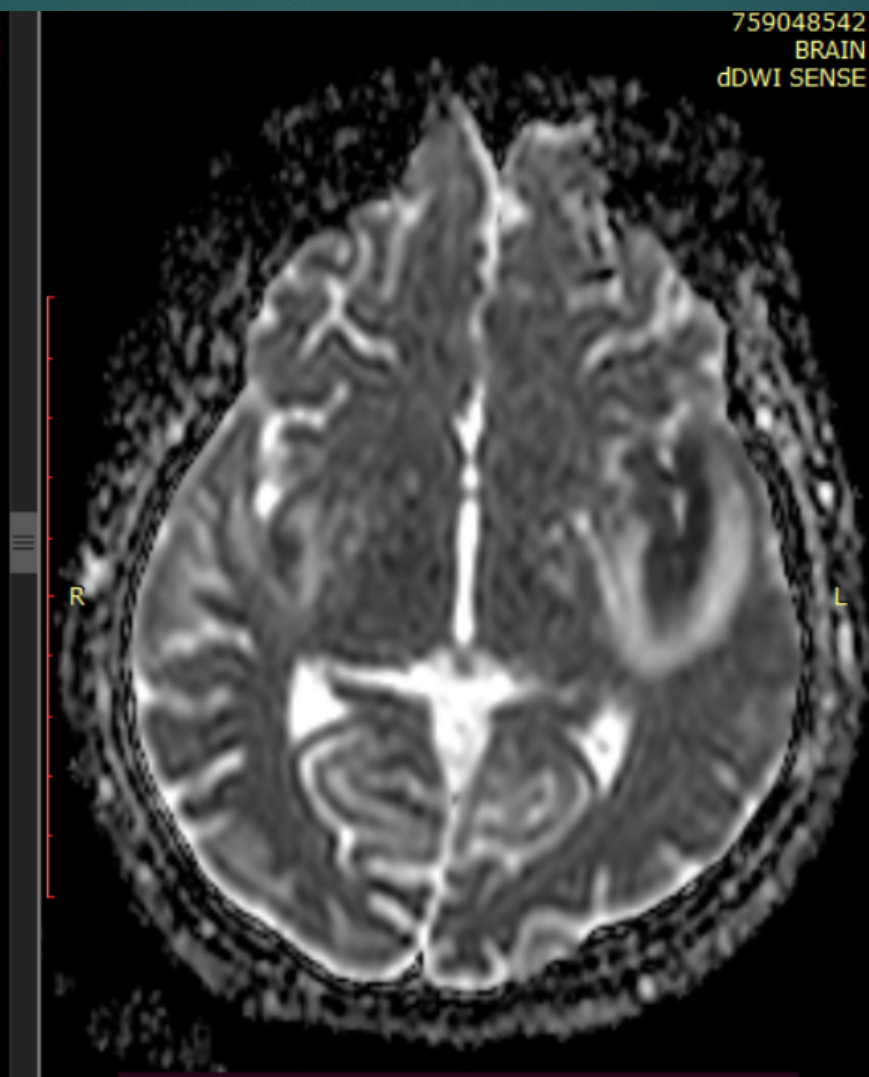
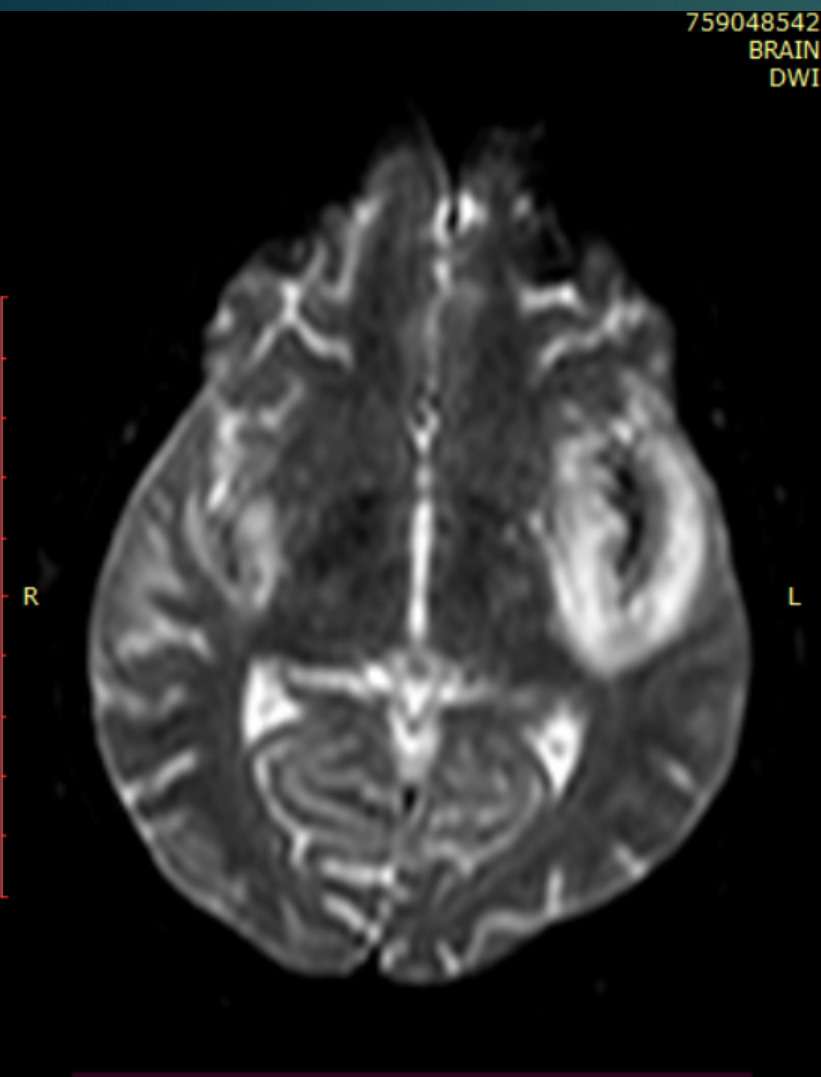
- General examination – pt was well built , well-nourished , restless, unconscious and not oriented to time , place and person
- BP – 116/70 ,PR- 106 bpm , SpO2 – 98% RA , Temp- 102.4
- Systemic examination –
 - CVS :- S1/S2 present , no murmurs
 - Respiratory :- B/L NVBS present
 - P/A :- soft , non-tender and no organomegaly
 - CNS :- Drowsy, disoriented
 - B/L pupils equally reactive to light

INVESTIGATIONS

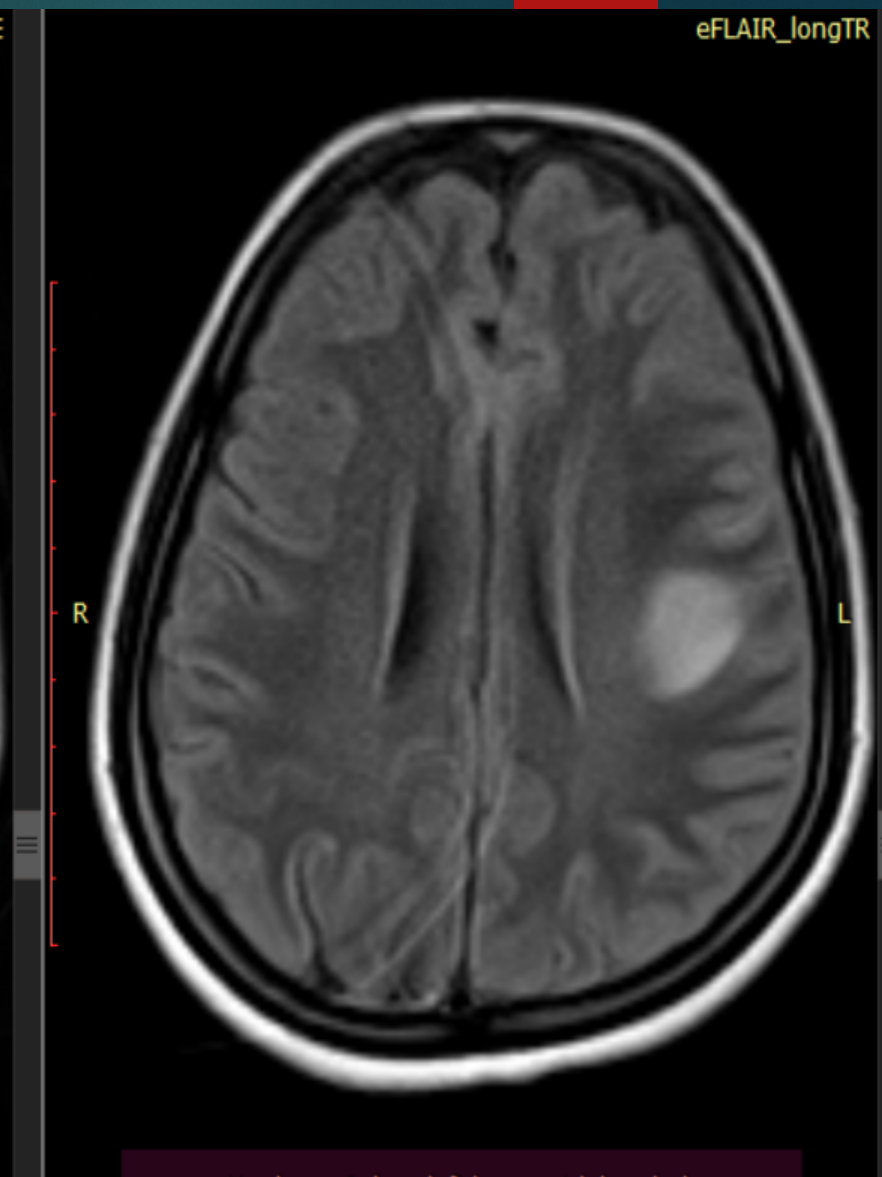
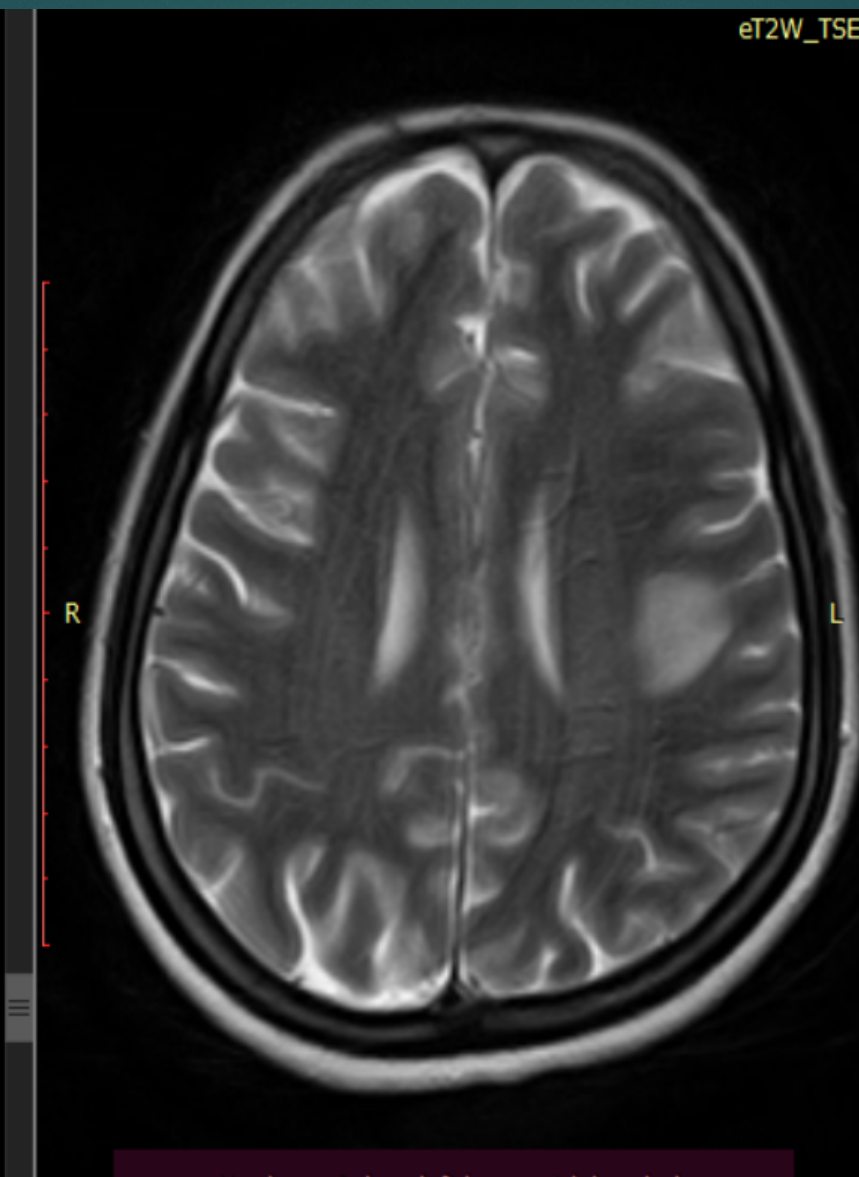
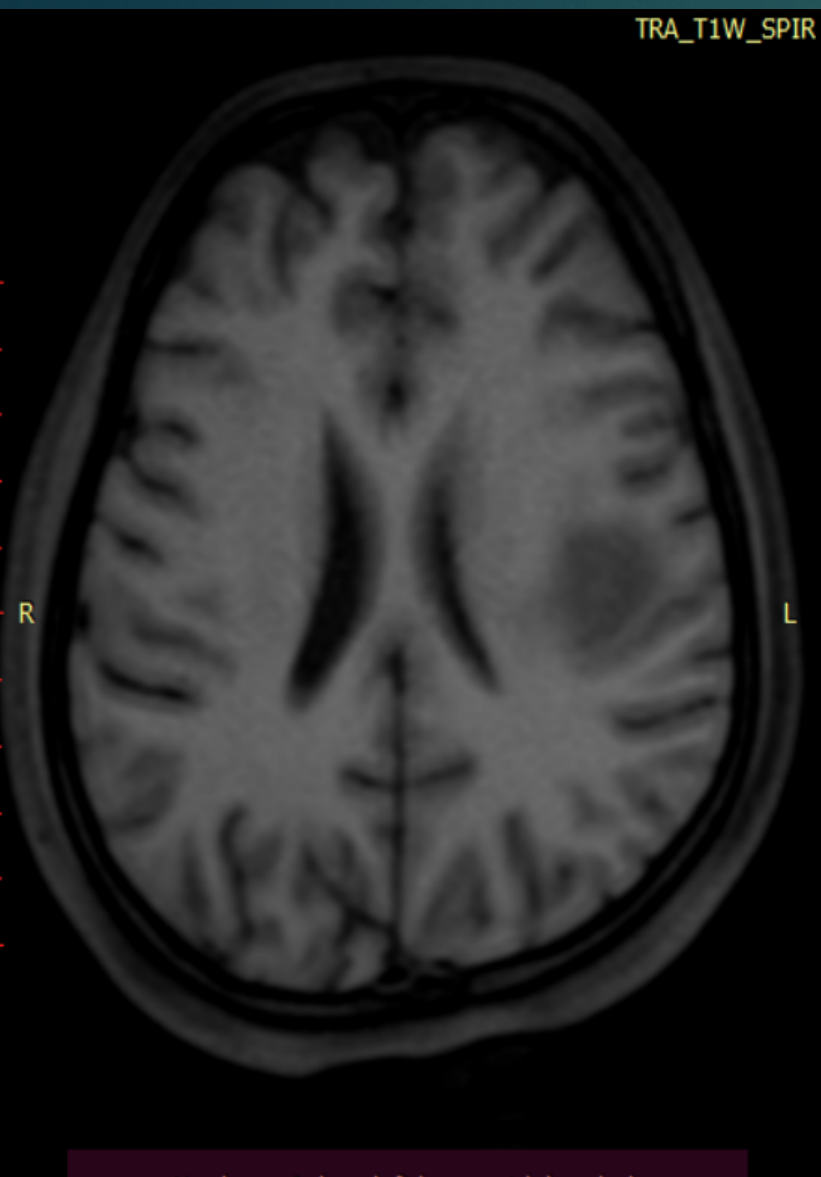
- ▶ Adenosine deaminase - 11.1 U/L
- ▶ LDH – 198 IU/L
- ▶ CSF – Glucose - 29 mg/dl
- ▶ CSF – Protein > 300 mg/dl
- ▶ CSF – Chloride 118.0 mmol/l
- ▶ Serum Glucose 50mg/dl
- ▶ Plasmodium falciparum – negative
- ▶ Dengue IgG & IgM Abs and NS-1 Antigen – negative
- ▶ HbsAg , HCV & HIV – negative
- ▶ Hb/TLC – 10.6/5.6
- ▶ LFTs/RFTs/S/E - WNL



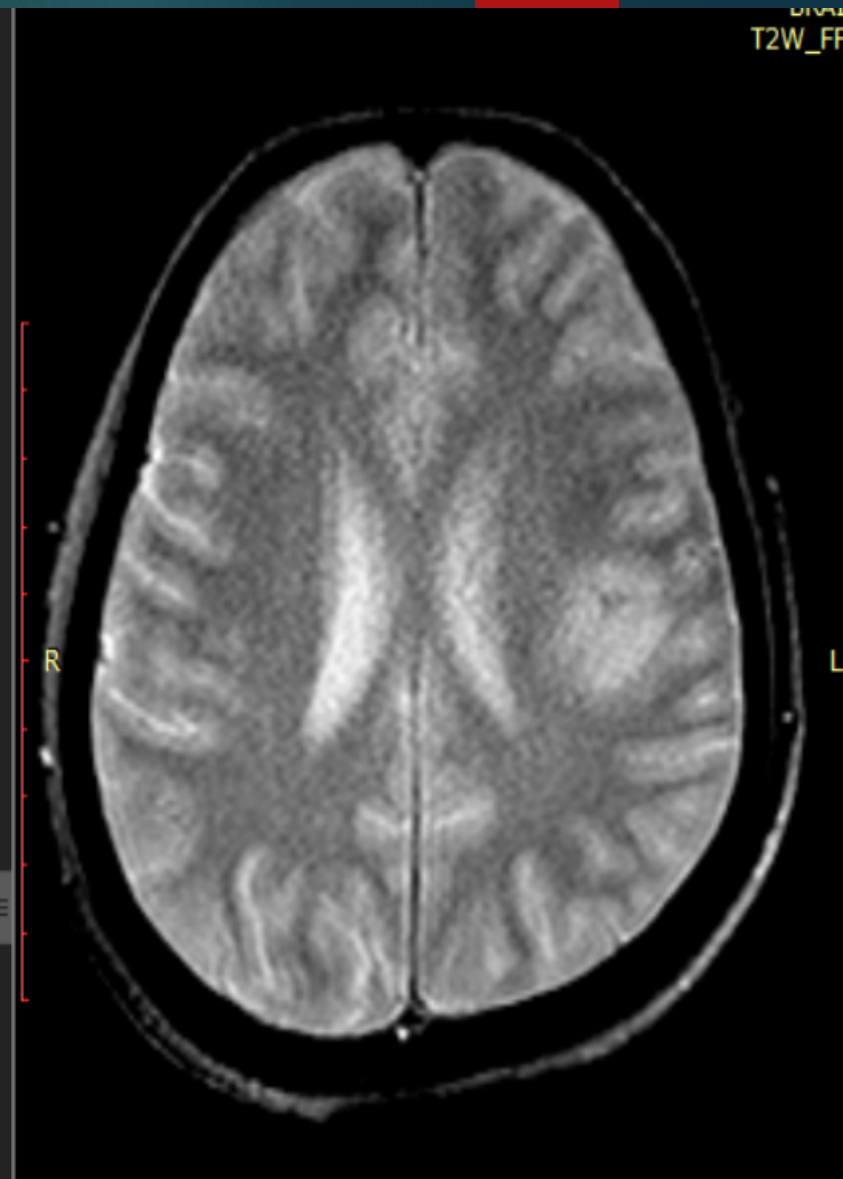
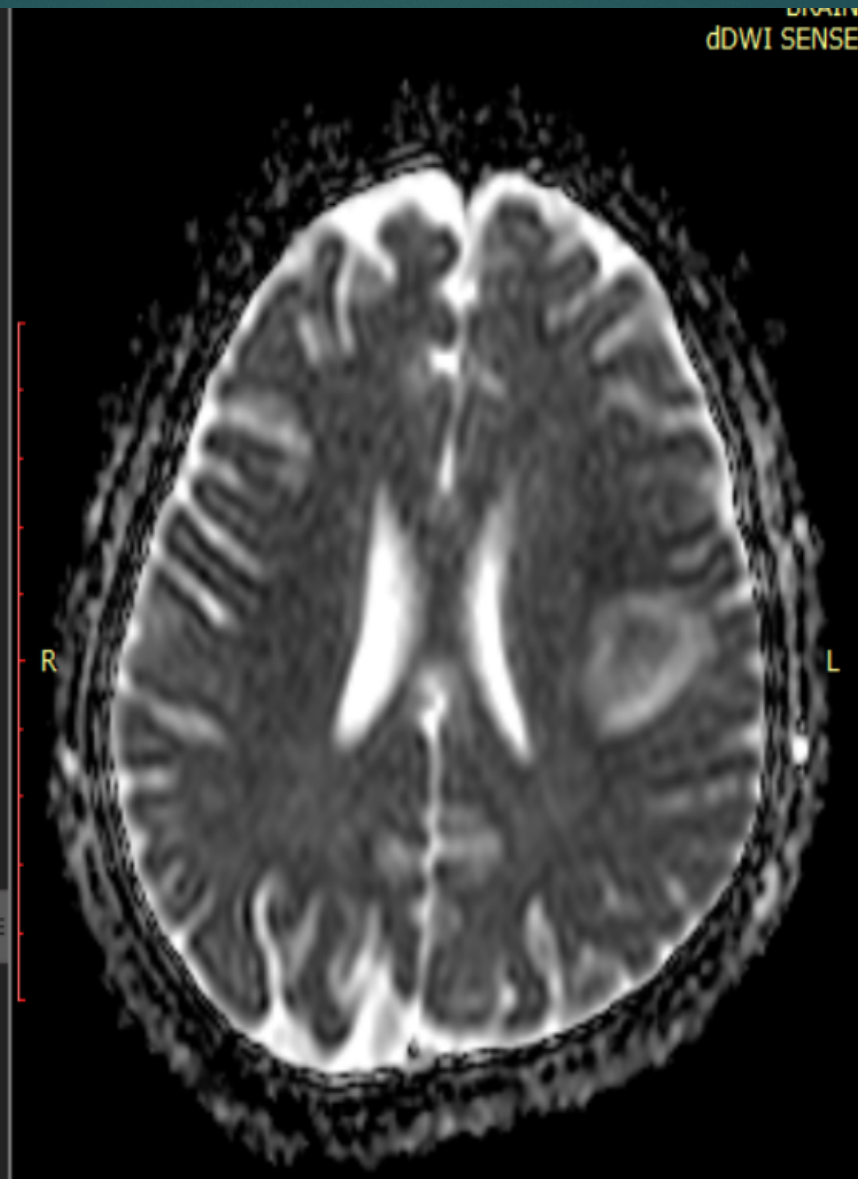
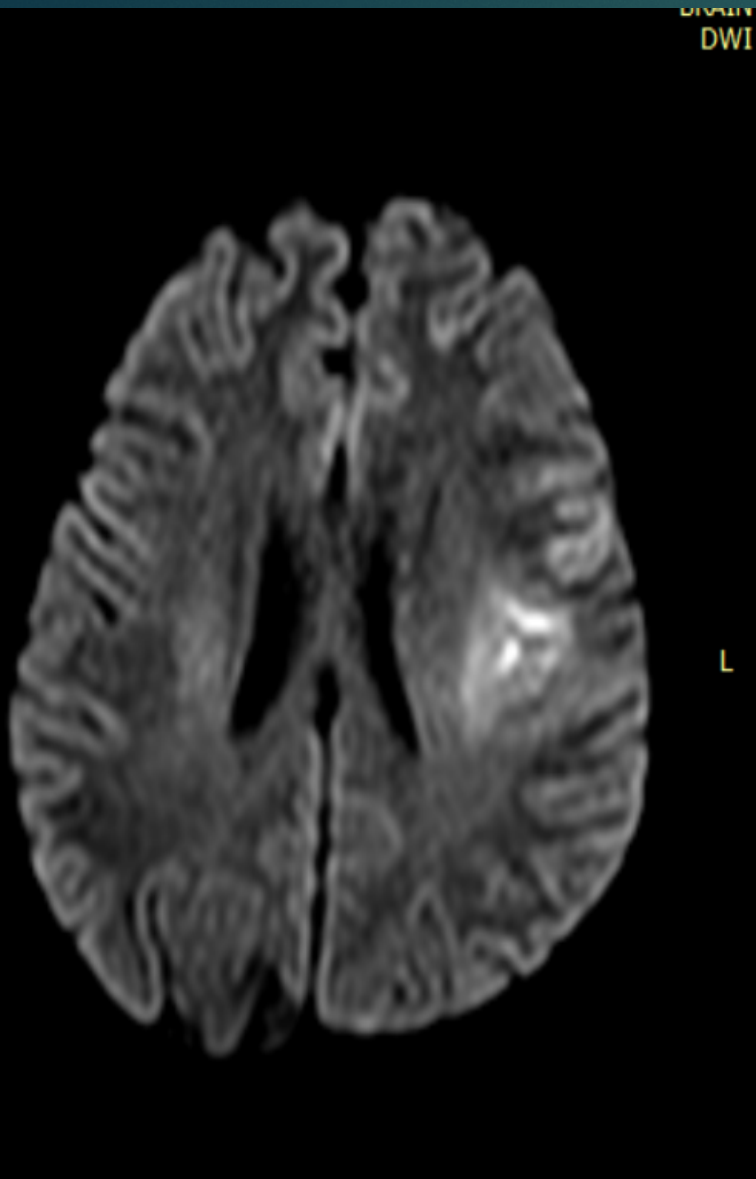
This is series of axial MRI images First is T1 and second is t2 and FLAIR.SHOWING AREA OF T2/FLAIR HYPERINTENSITY WITH CORRESPONDING T1 HYPOINTENSITY NOTED IN BILATERAL INSULAR CORTEX AND TEMPORAL LOBES.



THE AREA SHOWS TRUE DIFFUSE RESTRICTION ON DWI STUDY AND FOCI OF BLOOMING NOTED ON GRE SEQUENCE. T2-weighted and FLAIR images highlight areas of edema and inflammation, while DWI can reveal early cellular changes



T2/FLAIR HYPERINSTENSITY WITH CORRESPONDING T1 HYPOINTENSITY noted in left frontal lobe.



Patchy AREAS in left frontal region SHOWS TRUE DIFFUSION RESTRICTION with NO BLOOMING ON GRE SEQUENCES. Surrounding significant vasogenic edema noted around the lesion.

IMPRESSION:

- Areas of T2W/FLAIR hyperintensity correspondingly T1W hypo intensity showing true diffusion restriction on DWI sequences in the left fronto-temporal lobes and bilateral insular cortex with corresponding areas of blooming (hemorrhage) on GRE sequence and surrounding significant vasogenic edema
- S/o Viral encephalitis likely Herpes Simplex Encephalitis.*
- DD- Limbic encephalitis.*



THANK YOU