

**Natureza do trabalho:** Relato de Caso

## TÍTULO

*PROBABLE RASMUSSEN'S ENCEPHALITIS: CASE REPORT*

SALVADOR DIAS VIEIRA NETO<sup>1</sup>; VINICIUS NONATO DE OLIVEIRA<sup>1</sup> ELISABETE CASTELON KONKIEWITZ<sup>1</sup>; BIANCA RIBEIRO MORAES<sup>2</sup>

1. UNIVERSIDADE FEDERAL DA GRANDE DOURADOS, UFGD, DOURADOS, MS, BRASIL

2. HOSPITAL UNIVERSITÁRIO – HU-UFGD, DOURADOS, MS, BRASIL

## RESUMO

**Introduction:** Rasmussen's encephalitis (RE) is characterized by the development of refractory epilepsy, progressive hemiparesis, variable motor deficits, neurological deterioration and atrophy of one cerebral hemisphere. The etiology is unknown yet, and the pathological abnormalities are variable.<sup>1</sup> The crisis usually begins in childhood and are refractory to antiepileptic usual pharmacology and clinical treatments. The best recommendation for treatment and seizures control is remove or disconnect the affected cerebral hemisphere, in an operation called hemispherectomy. **Material and Methods:** This study was conducted through clinical follow-up of a patient with several epileptic seizures. It was analyzed the diagnostic investigation obtained by clinical examination, laboratory tests and complementary methods. The data were obtained by medical record study between 01.23.2014 to 02.03.2014 and 02.06.2014 to 06.09.2014. **Case Report:** An 39-year-old woman diagnosed with epilepsy 30 years ago was admitted (23/01) in the hospital because of erythematous maculopapular rash with intense itching in almost every body area one month after initial use of Lamotrigine and Valproate. Physical examination showed lesions in almost all body area and accompanied of edema. The mentioned medications were removed and the pulse therapy with methylprednisolone for five days was initiated, therewith was verified improvement of lesions and edema. On the first day of admission, the patient had an epileptic seizure and started the use of new anticonvulsant medications (Phenytoin 100mg, 12/12 hrs and Topiramate 100mg, 12/12 hrs). However, after clinical observation for 10 days she didn't show new epileptic seizures and with the improvement of lesions and edema, the patient was discharged. In June 2014, the patient was hospitalized again because of an episode of mental confusion with echolalia and stereotyped movements, left hemiparesis and disconnected answers that started three days ago. It was also reported frequent tonic-clonic epileptic seizures with daily attendance, repeating multiple times during the day. Preceding the epileptic seizures, was reported scintillating scotoma few minutes earlier. On neurological exam was observed painful and tactile hypoesthesia in left hemibody, without facial involvement. During hospitalization there have been several seizures and psychomotor agitation requiring the realization of diazepam (10 mg, IV). Furthermore, it was started the use of Oxcarbazepine (600mg - 12/12 hrs) as additional therapy to maintenance treatment (Phenytoin 150mg, 8/8 hrs and Topiramate 100mg, 12/12 hrs). Based on the MRI images was found volumetric reduction of the right cerebral hemisphere, being associated with hyperintense signal on T2 / FLAIR of the cortical and deep gray matter, including compromising the hippocampus. **Discussion and Conclusion:** The reported case presents a patient with the diagnosis of epilepsy 30 years ago and with several admissions during this period because of epileptic seizures. However, through your clinical follow-up with recurrent seizures, resistance to certain anti-epileptic drugs and MRI brain findings converges and suggests the diagnosis of Rasmussen's encephalitis. Thereby, it was necessary clinical-surgical follow-up in a referred service for surgery (hemispherectomy).

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Thus, it is necessary the early diagnosis of RE to develop an effective treatment plan (drugs and mainly surgery) and consequently slow down the progression of the disease.

### References

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