



ST. VINCENT CHARITY
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Unusual presentation for Autoimmune encephalitis, with Space occupying lesions.

Isaac Alsallamin, Hadeel Abuteer, Christian, Jacobson, Austin Makadia, Zain Alshanableh, Afnan Alsallamin, Keyvan Ravakhah

St. Vincent Charity Medical Center, Internal Medicine Department, Cleveland, OH

Introduction:

Acute disseminated encephalomyelitis (ADEM) is an acute presentation, The most common imaging finding is the presence of widely scattered foci of perivenular inflammation and demyelination that can involve both white matter and grey matter structures. Presentation varies from abnormal sensation, behavioral changes, weakness, seizure to coma. Imaging although rarely seen can show space-occupying lesions, or rapid growing structures.

Case presentation:

a 17 years old male initially presented to the hospital with right leg weakness, which by the end of that day progressed to include the entire right side of the body. A computed tomography scan of the brain was performed and demonstrated a hypodense area of the left upper parietal centrum semiovale. A subsequent magnetic resonance imaging scan of the brain showed a large space-occupying lesion at the left parietal area.

The patient was maintained on pulse steroids and received seven sessions of plasmapheresis and five doses of intravenous immunoglobulin. Full recovery was achieved after a period of 6 months. The MRI brain at that time showed no evidence of demyelination or subclinical disease.

Discussion:

ADEM is considered a diagnosis of exclusion. Early imaging findings in ADEM may also be misinterpreted as mass effect. Patients who fail to respond within a few days may benefit from a course of plasma exchange or intravenous immunoglobulin.

