Teaching *NeuroImages*: Infantile herpes simplex encephalitis

Alberto M. Cappellari,
MD

Giacomo Tardini, MD
Alberto R. Bona, MD
Massimo Belli, BS
Fabio Triulzi, MD
Emilio F. Fossali, MD

Correspondence to
Dr. Cappellari:
albertocapp@yahoo.it

Figure 1 EEG and brain MRI before treatment

(A) EEG: background slowing and periodic lateralized epileptiform discharges over right central-temporal derivations. (B) MRI, axial T2-weighted sequence: right temporal pole hyperintense lesion.

Figure 2 EEG and brain MRI after treatment

(A) EEG: improvement of background activity and disappearance of periodic lateralized epileptiform discharges. (B) MRI, axial T2-weighted sequence: right temporal-polar malacic area.

A 7-month-old girl developed fever, unconsciousness, and left oral clonic seizures. EEG showed background slowing and periodic lateralized epileptiform discharges (PLED) over right central-temporal regions. Brain MRI revealed a right temporal pole T2 hyperintense lesion (figure 1). CSF PCR was positive for herpes simplex virus 1. Five days after starting treatment with acyclovir (45 mg/kg/day) and phenobarbital (7.5 mg/kg/day), the patient was alert and without seizures, and EEG activity improved. Two weeks later, MRI showed

a right temporal-polar malacic area (figure 2), and PCR was negative. Although seen in many diseases,^{1,2} PLED suggest herpes simplex encephalitis in the appropriate clinical context.

AUTHOR CONTRIBUTIONS

Dr. Cappellari: acquisition of data, analysis and interpretation, drafting the manuscript. Dr. Tardini: revision of the literature. Dr. Bona: elaboration of images. Dr. Belli: registration of EEG tracing. Dr. Triulzi: analysis of MRI. Dr. Fossali: critical revision of the manuscript.

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From the Departments of Neuroscience (A.M.C., A.R.B., M.B.), Pediatric Emergency (G.T., E.F.F.), and Neuroradiology (F.T.), Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, University of Milan, Italy.

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