Teaching NeuroImages: Isolated pontine involvement in subacute sclerosing panencephalitis

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Figure 1 Generalized, periodic sharp and slow-wave complexes on EEG

EEG shows generalized, periodic, stereotyped, high-amplitude sharp and slow-wave discharges lasting for 1–2 seconds and occurring every 5–7 seconds.

A 16-year-old boy, with history of measles at age 4, developed generalized myoclonic jerks and progressive decline in cognition and sensorium over 6 months. Generalized, periodic, high-amplitude discharges on EEG (figure 1) and immunoglobulin G anti-measles antibody titer of 212.33 U/mL (normal 8 U/mL) in CSF suggested subacute sclerosing panencephalitis (SSPE). MRI brain showed isolated T2 hyperintensities in ventral pons and middle cerebellar peduncles (figure 2). Despite symptomatic therapy, he died of cardiac arrest at 3 weeks. MRI brain commonly reveals cerebral cortices and periventricular white matter involvement in SSPE.¹ Brainstem lesions are rare,¹ with isolated involvement reported in a single case.² Early brainstem involvement suggests aggressive course.¹

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Figure 2 Isolated pontine involvement on MRI of the brain

MRI of the brain shows hyperintensities in ventral pons (A, B) and bilateral middle cerebellar peduncles (B) on T2-weighted images.

Author contributions

Dr. Niraj Kumar: conception, design, and writing the first manuscript. Dr. Abhay Ranjan: review and critique. Dr. Ashok Kumar: review and critique. Dr. Biswanath Kumar: review and critique.

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