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A case of gliomatosis cerebri mimicking viral encephalitis in a 69 year old female

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Case Presentation: A 69-year-old female presented with a history of confusion, headache and fever. Examination revealed extensor weakness in the left upper and lower limb. CSF examination showed a mild pleocytosis; gram stain, bacterial and viral cultures as well as HSV PCR were negative. CT brain showed diffuse right hemispheric oedema with a focal enhancement in the temporal lobe. Aciclovir and dexamethasone was started for presumed viral encephalitis. After 8 days of treatment, the patient's symptoms improved and she was discharged. One week later, the patient was more confused with new left-sided hemianopia. MRI brain revealed progression of the diffuse oedema. After discussion with a specialist centre, we were advised the images were indicative of extensive Gliomatosis Cerebri. Unfortunately, the patient died of pneumonia before tissue diagnosis was obtained.

Discussion: GC is a rare form of infiltrative glioma involving three or more lobes of the CNS. It has a varying clinical presentation and there are numerous case reports of GC mimicking alternative diagnoses. GC has been reported to mimic viral encephalitis in only one previous adult case. The initial improvement in this patient's symptoms was likely due to the corticosteroids. Guidelines suggest repeat LP if initial HSV PCR is negative as it has >95% sensitivity and specificity and can initially be negative. The prognosis of GC is poor and the delay in diagnosis was unlikely to have been significant for our patient. However, this case highlights the importance of involving specialists early as other differentials including antibody-mediated encephalitis favour an early diagnosis for better outcomes.

Biography

Georgia Whitlow, is currently working at Medway Maritime Hospital in the UK. She graduated from Newcastle University with MBBS in 2015. She is under keen interest to work for core medical training in the UK at the end of this year.

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