



PAPILLEDEMA: AN UNUSUAL FINDING IN A PATIENT WITH HERPES ENCEPHALITIS

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Herpes simplex virus accounts for 10 to 25% of sporadic viral encephalitis throughout the world among people of different age with two peaks, one at 5 to 30 and the other at > 50 years of age. Pathologic process includes focal brain tissue inflammation and necrosis (predominantly temporal lobe). Therefore local neurological signs and symptoms will ensue. Although CSF pressure rising due to inflammation is expected, papilledema which is defined as a noninflammatory congestion of optic disk due to raised intracranial pressure has not yet been mentioned as a sign of focal encephalitis. In this article we report a 24 year-old patient with headache, fever and some degree of cognitive disorder who was definitely diagnosed (with MRI and PCR technique) and treated for herpes encephalitis. Unexpectedly he had papilledema which led to more investigation. Most signs and symptoms disappeared during two weeks of intravenous acyclovir therapy as did papilledema to some extent. In this case, positive CSF PCR test for HSV confirmed the diagnosis. However it seems that along with starting acyclovir therapy, performing other supplementary studies (e.g. CT scan, MRI with and without I.V. contrast, CSF cytology and serologic tests for HIV) to rule out other conditions that may be associated with papilledema and focal neurological signs (like malignancies), is mandatory.

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