LETTER TO EDITOR (VIEWERS CHOICE)

HSV ENCEPHALITIS ASSOCIATED WITH CHORIORETINITIS

Rakhi Jain*, Sunil Taneja**, Ruchi Puri***, SS Rathore***

A six months old female child was admitted with fever and focal seizures for one day. On examination, vitals were stable but baby was in altered sensorium and had bulging anterior fontanelle. Focal seizures were refractory to phenobarbitone and phenytoin hence valproate and levetiracetam were used to control seizures. Intravenous antibiotics were started with provisional diagnosis of acute bacterial meningitis but cerebrospinal fluid (CSF) examination showed 90 cells/hpf of which 60% were lymphocytes and 40% polymorphs, glucose was 81 mg% and protein was 58 mg% with 200 RBCs suggesting herpes simplex virus (HSV) infection. Injection acyclovir was started at the dose of 20 mg/kg/dose three times a day (60 mg/kg/day) but patient did not improve. Serology for HSV showed positive HSV (1+2) IgG and negative IgM. Hence acyclovir was stopped. CT brain was normal. Repeat CSF showed 50 WBCs/hpf with 30% polymorphs and 70% lymphocytes, 200 RBCs, sugar 45 mg% and protein 180 mg/dl. Real time PCR in CSF was positive for HSV 1. MRI brain showed left temporal encephalitis (Figure 1). Acyclovir was restarted and given at the same dose for 21 days. Eye examination revealed chorioretinitis (Figure 2). Repeat MRI scan showed bilateral gyral edema with diffuse white matter hyperintensity in cerebral hemisphere. HIV 1 & 2 was non reactive and NMDA receptor antibody in serum was negative. Toxoplasma IgG was positive and IgM
than with direct invasion of the retinae by the virus. Treatment of HSV retinitis is acyclovir as for HSV encephalitis 60 mg/kg/dose thrice a day. (9) Untreated HSV retinitis may lead to scarring and blindness. Laser photocoagulation is seen to have some role in improving visual acuity. (9)

References

From: *Department of Pediatrics, GSVM Medical College, Kanpur and **Consultant Pediatrician, Madhuraj Hospital, Kanpur; ***Duty Officers, Madhuraj Hospital, Kanpur.

Address for Correspondence: Dr Rakhi Jain, 98, Y1, Kidwai nagar, Kanpur, UP. Email: drrakhij09@gmail.com

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