

40 year old right handed male

PC

- Headache and confusion

HPC

- 2 day history of increasing headache, frontal location associated with nausea and occasional vomiting
- Off work yesterday due to headache, when wife came home noted he was acting strangely
- Seemed confused, told her he had been at work and later in evening kept asking her same questions. Went to bed early as feeling feverish
- On waking this morning he appeared less responsive and interactive, eventually able to get up but wife noticed periods that he appears 'glazed over' and 'out of it'

PMHx

- Hypertension
- Migraines

PSHx

- Nil

THx

- Ramipril 5mg OD

SHx

- Works as a mechanic
- Non smoker, occasional alcohol
- No travel

Examination

Appears unwell, disoriented to time and place and reduced level of alertness

BP 150/88

HR 90

I+II+O



Sats 98%

RR 16



Cranial Nerves

	R	L
I	N	N
II	N	N
III, IV, VI	N	N
V	N	N
VII	N	N
VIII	N	N
IX, X, XI	N	N
XII	N	N
	R	L
Cerebellar	N	N
Pin Prick	N	N
JPS	N	N
Vib	N	N

Upper Limb

	R	L
Tone	N	N
Sh Ab	5	5
EF	5	5
EE	5	5
WE	5	5
FE	5	5
FDI	5	5
APB	5	5
Biceps	++	++
Triceps	++	++
Supinator	++	++

Lower Limb

	R	L
Tone	N	N
HF	5	5
HE	5	5
KF	5	5
KE	5	5
APF	5	5
ADF	5	5
AI	5	5
Knee	++	++
Ankle	++	++
Plantar		

Stop and think 1

1. What is meant by the term 'encephalopathy' and what are the potential causes for this syndrome? What is the difference between 'encephalopathy' and 'encephalitis'?
2. List the investigations you wish to perform? Are there any considerations to the timing of these investigations – in particular with regards to timing of a lumbar puncture for CSF analysis?

Investigations

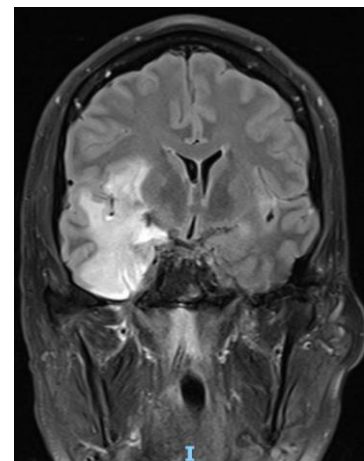
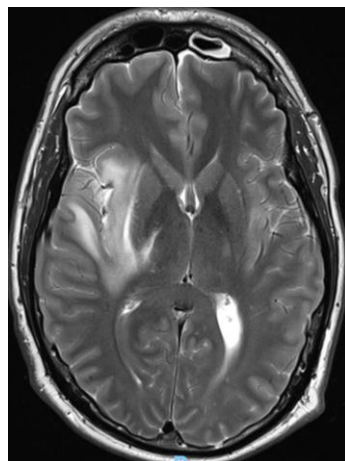
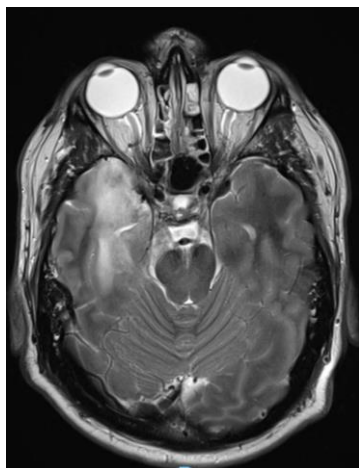
Bloods (normal values on attached sheet)

Hb	130	Na	138	ALT	45
MCV	89	K	4.5	Alk P	38
WC	10	Ur	3.6	Bili	20
Plt	300	Creat	100	Alb	40
B12	300			INR	1.0
Folate	5	CRP	10		

CSF

MC&S	No growth	Cytology	N/A
WC	50 100% lymphocytes	Viral PCR	HSV-1 +ve
Prot	0.9	Other	
Glu CSF	4.4	Other	
Glu serum	6.2	Other	
OCB	+ve	Other	
RC	6		

MRI Brain



Report: There is extensive oedema within the right temporal lobe consistent with encephalitis.

Stop and think 2

- 1. What are the treatment options in this case?**
- 2. This patient has encephalitis secondary to viral infection, what are the other potential causes of encephalitis?**