

IN FAVOUR OF STEROIDS IN HERPES VIRUS ENCEPHALITIS

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Herpes simplex virus encephalitis (HSVE) is the gravest form of acute encephalitis and its treatment remains a major problem. Current gold standard is acyclovir which inhibits viral replication; nevertheless despite this antiviral treatment mortality remains up to 15 %, less than 20% of the patients are able to go back to work and the majority of patients suffer from severe disability. In addition to direct virus-mediated tissue damages secondary autoimmune mechanisms might play a role for the severity of this life-threatening encephalitis. Possibly corticosteroid treatment can suppress these autoimmune phenomena and because of this can be effective in the treatment of HSVE. The information obtained from experimental animal research and from recent retrospective clinical observations indicates that a substantial benefit in outcome can be expected in patients with HSVE who are treated with adjuvant dexamethasone. Currently there is no available evidence to support the routine use of adjuvant corticosteroid treatment in HSVE. However, the first results of the currently ongoing randomized multicenter trial (GACHE) - investigating whether dexamethasone can reduce the severity of the illness' course – do suggest a positive effect. The primary end-point is a binary functional outcome after 6 months measured with the modified Rankin scale (mRS), a seven-point-scale which ranges from 0 to 6. A mRS of 3 to 6 is considered as an unfavourable outcome.

Therefore we hypothesize that future gold standard may be additional steroids in herpes encephalitis might become standard and might not be held back for a better outcome.