

## **“MALIGNANT” SEIZURES WITHOUT MALIGNANCY?**

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A CASE REPORT: A 45 years old female was urgently admitted for an acute onset of generalized seizures. On arrival she had a temperature of 37.5 oC and glasgow coma scale (GCS) score of 5/15. Common cold-like symptoms and mild headache have been reported for the previous five days.

A brain CT demonstrated three enhanced ring lesions with surrounded edema of the parietal and occipital lobe and cerebellum, obstructive hydrocephalus with ependymal enhancement and periventricular hypodensity. There was no displacement of the midline structures.

The patient received immediately standard doses of phenytoin, dexamethasone and mannitol. Due to further temperature increase treatment with a wide range antibiotic (Ceftriaxone) was initiated.

Her medical history included depression, alcohol abuse, intravenous drug addiction, HCV and HPV. A year earlier she was successfully treated with chemotherapy and radiotherapy for a squamous carcinoma of the stomatopharynx. Brain metastasis in this disease very rarely occurs. She was on paroxetine 20 mg, mirtazapine 15 mg, diazepam 10 mg, alprazolam 3 mg and codeine 30 mg daily.

The patient developed high fever (41.5°C) without nuchal rigidity. A lumbar puncture was performed revealing 3600 cells/mm<sup>3</sup>, 85% polymorphonuclear leucocytes, elevated protein concentration (375 mg/dl) and low glucose level (7mg/dl). Cytology was negative for malignant cells, but positive for infection. The culture results were biased due to ceftriaxone.

Four-fold antibiotic treatment was administered. She rapidly developed respiratory failure requiring intubation and died 48 hours later. The authors discuss the diagnostic dilemma between brain metastases and brain abscesses with ventriculoencephalitis in cancer patients with severe immunosuppression.