

NONCONVULSIVE STATUS EPILEPTICUS AS A RARE LATE COMPLICATION OF VIRAL MENINGOENCEPHALITIS

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Nonconvulsive status epilepticus (NCSE), defined as changes in behavior and/or mental processes from baseline with continuous epileptiform discharges in EEG, remains a diagnostic and treatment challenge. Here we present a 68 year-old female who developed fever/infection associated NCSE after an 11-year observation of viral meningoencephalitis.

This patient had no major medical illness before except ever admitted due to fever, severe headache with mental change in 2001 with complete recovery. She remained well until Nov 2010, when she became confused for several hours after a urinary tract infection. Cerebrospinal fluid (CSF) study and brain MRI were unremarkable. EEG showed diffuse slow waves during her confusional state, but focal sharp waves at F3C3 in the EEG done 10 days after when she was clinically normal. Unfortunately, acute mental change up to 2 weeks with abnormal gazing and nystagmoid like movements developed on Aug 2012 after a fever; this time with aphasia, right hemiparesis after several episodes of myoclonic jerks. Brain MRI showed white matter changes and a small high signal intensity lesion at left frontal cortex in diffusion-weighted image. EEG showed continuous periodic lateralized epileptic discharges over left hemisphere with occasional generalization. Initially valproate was given but was ineffective, so levetiracetam was given instead which showed optimal response and she gradually recovered to her usual state within 2 months.

In this case, we hypothesize that fever, antibodies, immune mediated mechanisms, and perhaps genetic predisposition have something to do with epileptogenesis as well as NCSE, and these will be discussed.