PREDNISOLONE AS AN EFFECTİVE TREATMENT FOR EPILEPSY: A CASE REPORT

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Rasmussen encephalitis is a chronic inflammatory encephalitis, and its etiology remains unclear. Hemispheric atrophy, intellectual disability, and hemiparesis are characteristics of this rare disease. A 19-year-old male patient presented to the emergency service in status epilepticus. At five years of age, he had started having seizures beginning with contractions in his left arm, left leg, and face. His previous medications were as follows: topiramate 200 mg/day, levetiracetam 3000 mg/day, valproic acid 1500 mg/day, carbamazepine 1200 mg/day. His cranial MRI showed a markedly atrophied right hemisphere. The patient was treated with prednisolone (1000 mg/d) for three days, and the patient responded favorably. He was discharged from the hospital with proper antiepileptics and did not have any GTC seizures for six month, although he occasionally experienced face muscle contractions. This six months treatment period was the longest period since age five that the patient had not experienced any GTC seizures. The aim of treatment is to stop seizures and prevent cognitive deterioration and neurological deficits. Steroid treatment, plasmapheresis and hemispherectomy are the standard treatment options for this disease. In conclusion, we emphasize that prednisolone is able to reduce the frequency of seizures in a select patient population. In the past few years, attempts have been made to clarify the pathology of Rasmussen encephalitis, but the optimal treatment period and treatment dosage remain unclear. Further randomized controlled trials are necessary to provide more information about the treatment of Rasmussen encephalitis.