

Encephalitis lethargica syndrome: clinical features and management of two cases

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Background: Lethargic encephalitis (LE) (Economo`s disease) – enigma of 20th century, caused pandemic observed from 1915 to 1927, since then occurs sporadically. Despite numerous researches, so far true nature (virus) of LE is unknown. Autoimmune nature of LE with lesions in basal ganglia and subthalamic area was revealed in many researches. Acute oculolethargic form of LE is mostly known. Postencephalitic Parkinsonism and other extrapyramidal forms (choreoathetosis) are mostly often in chronic LE. Objective: We observed two patients (25-year-old male and 31-year-old female) with subacute onset with moderate infectious symptoms, pharyngalgia, followed by diplopia and hypersomnia. Gradually focal neurological symptoms, disturbances of the endocrine and autonomic functions appeared. In first case, this were hemiparkinsonism corresponded with focal subcortical lesions on MRI, moderate lymphocytic pleocytosis, suddenly formed sweating, obesity and priapism. In second case after pharyngalgias, subfebrile fever and acute diplopia, hypersomnia, cachexia and choreoathetosis appeared. CSF analysis revealed mild inflammatory changes. Focal encephalitis in deep brain structures was confirmed on MRI. Screening investigations did not find actual viral infections. Pathogenetic role of S.aureus was established in both cases. Results: After etiotropic, immunosuppressive and neuroprotective treatment both patients noted significant improvement. Conclusion: Oculolethargic syndrome appeared after bacterial infection, focal lesions of deep brain structures, inflammatory changes in CSF followed by extrapyramidal disturbances; improvement after complex therapy permit us to make conclusion of LE- syndrome autoimmune nature induced by S.aureus.