

Complications of herpes encephalitis

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Herpes simplex encephalitis is an inflammatory brain disease that commonly manifests with severe clinical forms. Herpes simplex virus (HSV-1 and HSV-2) causes this disease with the most common localization in the temporal and the frontal lobe. The disease manifests as generalised or focal signs of cerebral dysfunction. Case lethality of untreated patients is 70 %, even treated cases can be left with neurological and psychological deficit.

We present a case of a 20-year old female patient, hospitalized due to fever followed by quantitative disorder of consciousness which progressed during the physical examination, with negative meningeal signs. According to the heteroanamnesic data, seven days before hospitalization, patient had signs of general infectious syndrome.

As admitted, the patient experiences a grand mal seizure while further progressing in quantitative and qualitative consciousness disorder and high body temperature non responsive to antipyretics. After a lumbar puncture was performed, antiviral drug (Acyclovir) and an antibiotic (Ceftriaxone) were immediately administered along with other symptomatic and supportive therapy. In the further course clinical condition aggravated, radiological examination (CT and MRI) show brain oedema, intracerebral haemorrhage and initial transtentorial herniation. Considering the malignant course of disease and the non responsive conservative antiviral and antioedematous therapy, urgent craniectomy and transfer to the Department of Neurosurgery was indicated. A decompressive craniectomy was performed leaving the patient without a portion of cranium in the right frontoparietotemporal region. The conservative-surgical treatment cures the primary disease, but neurological consequences epilepsy and intellectual deterioration remained.

In this case we emphasize the importance of initial antiviral therapy when herpes encephalitis is suspected and the importance of a decompressive craniectomy in case of non responsive conservative therapy, because of the numerous complications and high mortality rate.

Keywords: herpes encephalitis, complications, therapy, craniectomy

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