

Atypical presentation of Subacute Sclerosing Panencephalitis

ĐULA EROVIĆ¹, DANIJELA KNEŽEVIĆ¹, MIRA SAMARDŽIĆ²

¹UNIVERSITY OF MONTENEGRO, FACULTY OF MEDICINE, PODGORICA, MONTENEGRO

²UNIVERSITY HOSPITAL CENTER PODGORICA, CLINIC FOR PEDIATRICS, PODGORICA, MONTENEGRO

djula-91@hotmail.com

Subacute sclerosing panencephalitis (SSPE) is a progressive inflammatory disorder of the central nervous system with both poor prognosis and high mortality. The disease has been related to a persistent and aberrant measles virus infection and no effective treatment has been available.

We report a case of SSPE by a 6 years old boy with a history of a respiratory infection two months prior to his presentation. From that time he had been lethargic, slow to complete school assignments and unable to understand simple requests around activities of daily living. His sleep pattern had also become disturbed. One month later he began to have drop attacks. The only other symptom of note was headache for five days. His chest x-ray demonstrated bronchopneumonia. A CT scan and EEG were reported to be normal.

His past medical history revealed that he was the product of a normal delivery at 38 weeks. At 15 months of age he contracted pneumococcal meningitis but had a complete recovery from this. Because of his meningitis, he had not received his MMR immunization. At 18 months of age he contracted measles. Subsequently he had recovered from that and development had been entirely normal. Clinical examination revealed a lethargic but cooperative boy. Cranial nerves were otherwise intact. The motor examination was entirely normal. He had a mildly asymmetric gait but there was no ataxia. Within one month of his presentation he had deteriorated to the point where there were periods of time when he appeared not to be aware of his surroundings and was ataxic to the point where he needed to be fully supported when walking. He had only occasional words and continuing myoclonia.

At the time of his last visit, the major issues were that he was sleeping through most of the day. Clinical examination revealed no interaction and evidence of a severe spastic quadriparesis. There was evidence of decerebrate posturing.

Keywords: SSEP, atypical, respiratory infection

[HTTP://DX.DOI.ORG/10.17486/GYR.3.2243](http://dx.doi.org/10.17486/GYR.3.2243)