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SUBACUTE SCLEROSING PANENCEPHALITIS : A CASE STUDY

General Medicine

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ABSTRACT

SSPE is a progressive rare neurological disorder seen inchildren and young adults affecting the central nervous system and causing inflammation of the brain. Its is a slow, persistent, viral infection caused by certain defective strains of the hyper-mutated measles virus, either reactivated after being dormant or due to an inappropriate immune response. A 18 years old male patient presented with generalised rigidity,decreased responsiveness and myoclonic jerks, who had a history of measles at 9 yrs of age , on investigations EEG showed High voltage slow Delta waves, periodic R complexes, MRI Brain T2 and FLAIR hyper-intense foci in right frontal lobe. CSF Study Cell count shows 3 cells(all lymphocytes). Glucose- 76mg/dL, Protein- 52mg/dl CSF measles IgG – 90 AU/ml. There is no specific treatment for SSPE. Anticonvulsants help to control myoclonic jerks activity and treatment is mainly supportive. A high index of clinical suspicion is warranted especially if the child has not been immunised or has had a past history of contracting measles early in life.

KEYWORDS

SSPE, Measles complications, adult measles.

INTRODUCTION

SSPE is a rare, progressive neurological disorder seen in children and young adults affecting the central nervous system causing inflammation of the brain.

Its is a slow, persistent, viral infection caused by certain defective strains of the hyper mutated measles virus, either reactivated after being dormant or due to an inappropriate immune response.

SSPE usually develops 2-10yrs after the original viral attack. Diagnosis is based on clinical features, EEG changes and raised antibody titres against measles in the CSF. Incidence is 1 in 1 to 5 lakhs.

Case Report

A18 years old male patient presented with decreased responsiveness, generalized rigidity and with myoclonic jerks, who had a history of measles at 9 yrs of age.

Findings: EEG – High voltage slow Delta waves, periodic R complexes. MRI Brain T2 and FLAIR hyperintense foci in right frontal lobe.CSF Study- Cell count – 3 cells(all lymphocytes). Glucose-76mg/dl, Protein- 52mg/dl CSF measles IgG – 90 AU/ml.

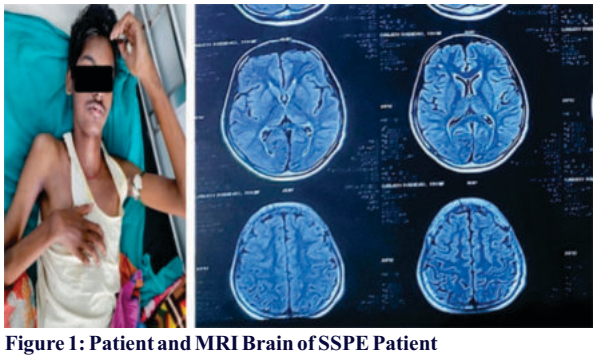

Figure 1: Patient and MRI Brain of SSPE Patient

CONCLUSIONS

Patients with SSPE usually present with neuro-regression, speech regression and psychiatric changes which may progress to motor dysfunction, extrapyramidal symptoms, posturing and spasticity.

There is no specific treatment for SSPE. Anticonvulsants help to control myoclonic jerks activity and treatment is mainly supportive.

Hence in the nutshel, a high index of clinical suspicion is warranted especially if the child has not been immunized or has had a past history of contracting measles early in life. Preventing SSPE from developing is the best option.

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