Medical Imagery

Measles encephalitis the return: mild encephalitis with reversible splenial lesion

A 20-year-old man, without a past medical history, was admitted for febrile coma (Glasgow coma scale score 9, temperature 39 °C). A maculopapular rash was observed on the face, trunk, arms, and proximal portion of the legs. A cerebral computed tomography (CT) scan was normal. Lumbar puncture showed $16 \times 10^6$ leukocytes/l, $20 \times 10^6$ erythrocytes/l, a cerebrospinal fluid (CSF) protein level of 0.7 g/l, and CSF glucose of 4 mmol/l (glycemia: 5.1 mmol/l). A measles-specific PCR was positive on salivary, urinary, and nasal samples. Specific PCR and culture of the CSF were all negative, including for measles. Diffusion-weighted magnetic resonance imaging (MRI) showed hyperintensity of the splenium of the corpus callosum (Figure 1). Complete recovery was observed after 1 week, and the control imaging by diffusion-weighted MRI was normal (Figure 2).

Mild encephalitis with reversible splenial lesion (MERS) is an aspecific cerebral lesion visible on MRI. The most common causes are infectious agents, drugs, and hydroelectric disorders.1,2

Spontaneous and complete recovery is usually observed.3 Its association with measles is rare and has not been described in the English language literature. With the current outbreak of measles occurring in Europe, physicians and radiologists should be aware of the association of measles and MERS. Long-term neurological follow-up should be proposed.

Conflict of interest: No conflict of interest to declare.

References

Cléa Melenotte
Fabien Craighero
Nadine Girard
Philippe Brouqui
Elisabeth Botelho-Nevers

*Corresponding author
E-mail address: e.botelhonevers@gmail.com (E. Botelho-Nevers)

Corresponding Editor: Eskild Petersen, Skejby, Denmark

Received 26 September 2012
Accepted 2 November 2012