

## CLINICAL IMAGE

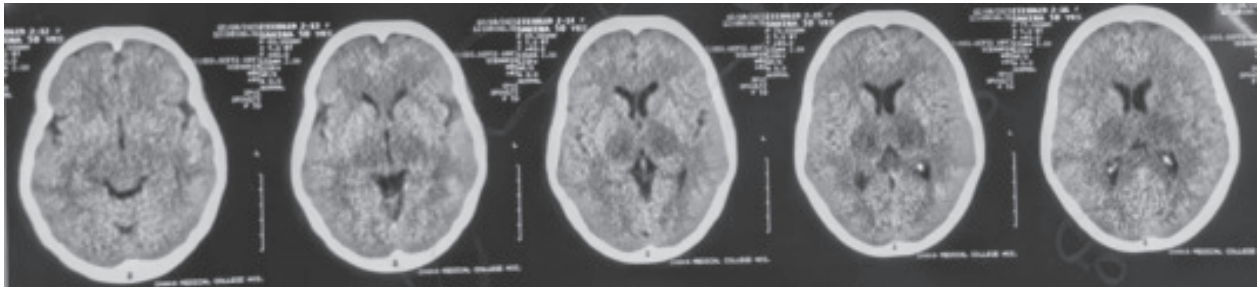
### PICTOGRAM

MAHMUD R<sup>1</sup>

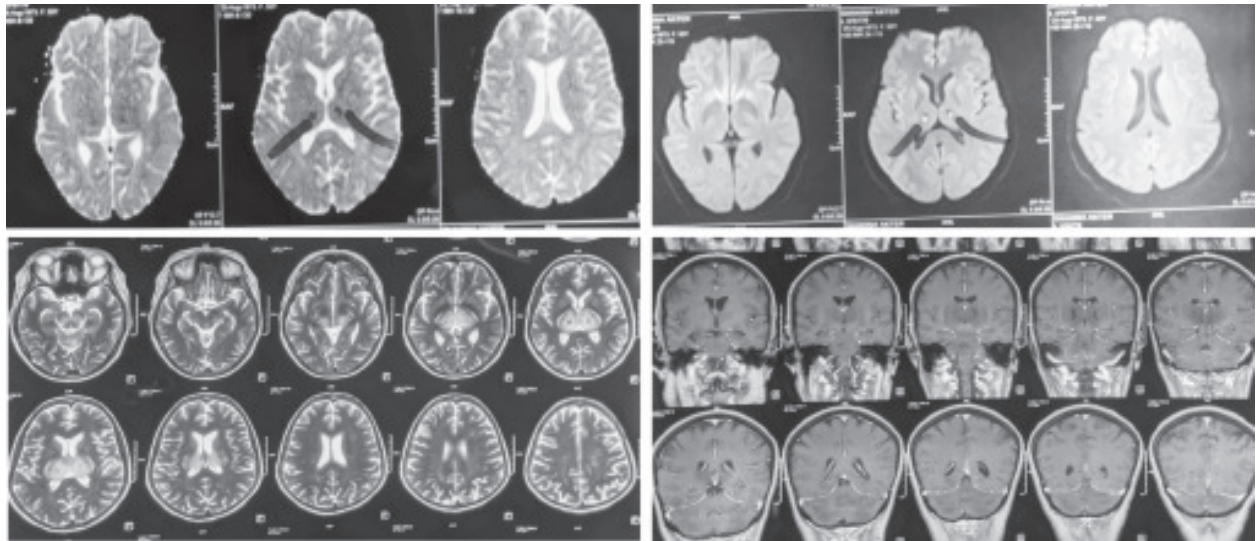
DOI: <https://doi.org/10.3329/jdmc.v31i2.73218>  
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A 50-year-old lady presented to the Department of Neurology with high-grade remittent fever and persistent severe global Headache for five days. For the last three days, she developed increasing confusion. She developed convulsions for the last one day. Neck rigidity

was absent. Her GCS was 4/15, plantar was bilateral extensor. Laboratory investigations revealed increasing thrombo-cytopenia; her lowest count was 16000/mm<sup>3</sup>. Dengue NS1 was positive. Her imaging findings are below-



CT scan of Brain: Bilateral hypodense lesion in the both thalamus



MRI of brain T2 axial view showed symmetrical hyperdense lesion in the both thalami with restriction in the DWI and peripheral contrast enhancement associated with meningeal enhancement.

#### Discussion:

Dengue is a non-neurotrophic virus, but there has been increasing evidence of CNS involvement in recent years. This form of encephalitis presented above has been reported in the literature.

#### References:

Lnu P, Sehgal V, Bhalla Sehgal L, Gulati N, Kapila S. The Spectrum of MRI Findings in Dengue Encephalitis. Cureus. 2022 Sep 11;14(9):e29048. doi: 10.7759/cureus.29048. PMID: 36237802; PMCID: PMC9553126

**Correspondence :** Dr. Reaz Mahmud “Assistant professor, Department of Neurology “Dhaka medical college, Dhaka, e-mail : reazdmc22@yahoo.com

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