

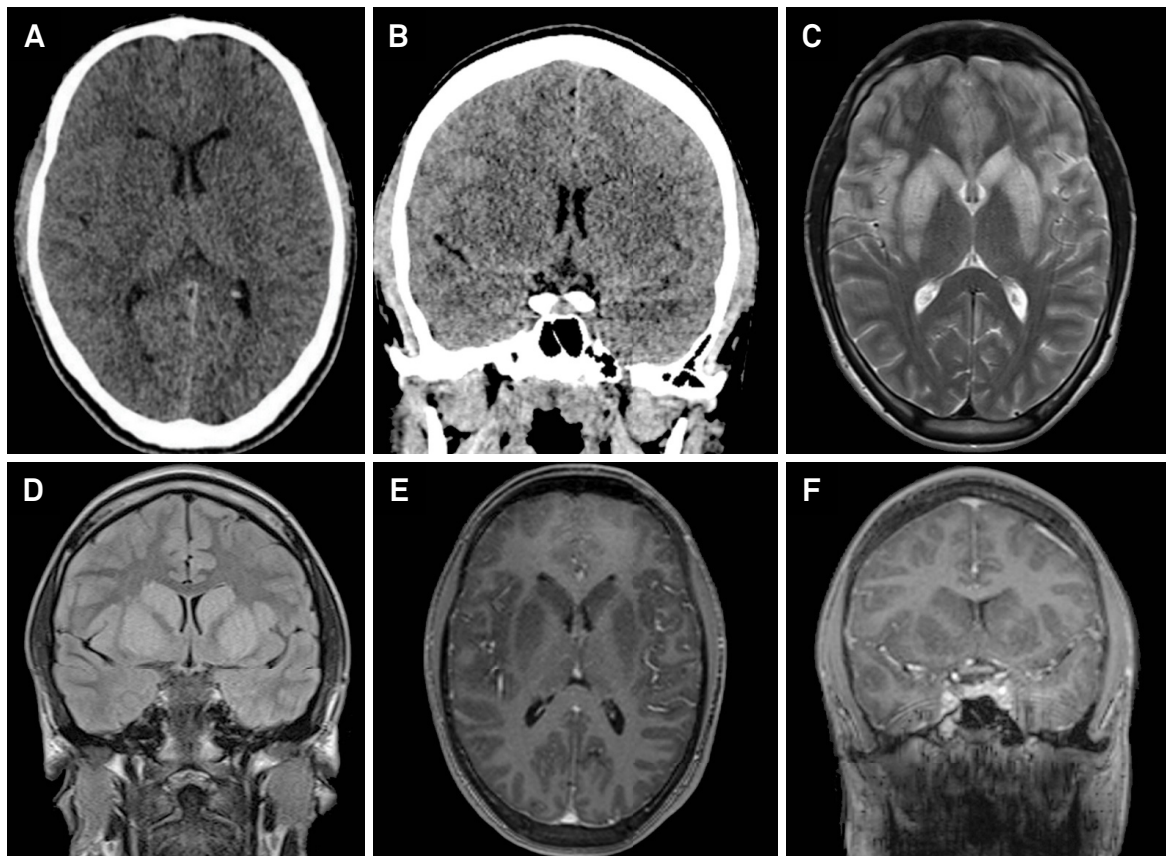
# Acute Epstein-Barr virus encephalitis in an immunocompetent adolescent patient

Encefalite aguda por virus Epstein-Barr em um paciente adolescente imunocompetente

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A previously-healthy 16-year-old male presented with fever, headache, lethargy and seizures for a day. A hemogram showed mild lymphocytosis. Spinal fluid analysis revealed 75 leukocytes/mm<sup>3</sup> (62% neutrophils, 35% lymphocytes, 3% monocytes) and no growth of micro-organisms in culture. Cerebral imaging studies showed an abnormal bilateral symmetrical appearance of

the basal ganglia, which, together with positive IgG and IgM serology for the Epstein-Barr virus, suggested acute encephalitis by this agent (Figure). Some of the differential diagnoses were: hypoglycemia, hypoxia, intoxication (methanol, carbon monoxide, cyanide), herpes simplex infection, infantile bilateral striatal necrosis and central extrapontine myelinolysis<sup>1,2,3,4,5</sup>.



**Figure.** A and B. Computed tomography without administration of intravenous contrast showing the basal ganglia bilaterally ill-defined and discreetly hypodense compared to the cerebral cortex. Figures C, D, E and F. Magnetic resonance imaging of the brain show hyperintense basal ganglia bilaterally on T2-weighted sequence (C) and FLAIR (D), hypointense on T1 and without enhancement after administration of intravenous paramagnetic agent (E and F).

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