REversible Splenial LEsion Syndrome (RESLES) after H1N1 infection

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Objective:

Reversible splenial lesion syndrome (RESLES) is a disorder radiologically characterized by reversible lesion in the splenium of the corpus callosum (SCC) with a DWI signal hyperintensity and a decrease in ADC map.

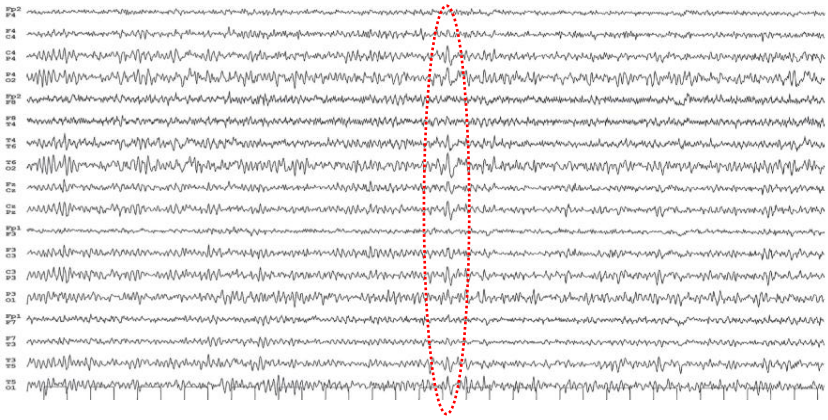
Pathogenesis:

The splenial lesion is probably due to edematous and/or inflammatory changes during encephalitis/encephalopathy. Most of the cases described in literature dealt with asiatic population

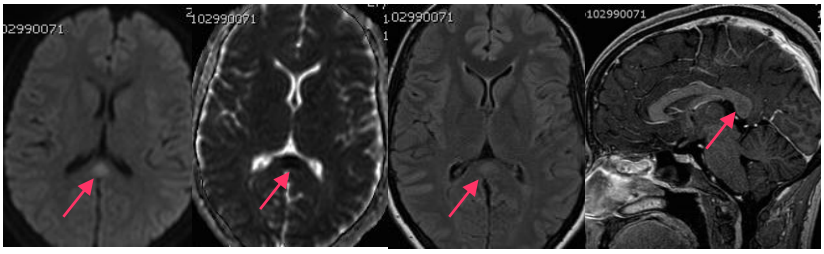
Results:

In this case report we describe the history of a 32 years old female at 50 days after childbirth. She was admitted at our emergency room because of relapsing, short lasting, episodes of blurred vision2 days after fever and flu like syndrome.. CT scan, neurological examination and blood tests were unremarkable. On EEG performed at 24 hours from symptoms onset, focal occipital epileptic discharges with sharp waves were depicted (see Fig 1). On MRI scan, an ovoidal lesion in the splenium of corpus callosum was depicted with hyperintense signal in DWI and FLAIR, ADC restriction and hypointensity on T1 weighted imaging before and after gadolinium injection (see Figs 2). CSF examination was unremarkable, blood test only revealed CRP elevation whether pharyngeal buffer was positive for influenza virus H1N1 infection. Because of breast feeding, the patient denied any pharmacological treatment and fully recovered in a couple of days. On follow up MRI conducted after two weeks the splenial lesion has disappeared (see Figs 3).

Fig 1: EEG performed the day after the occurence of visual disturbances

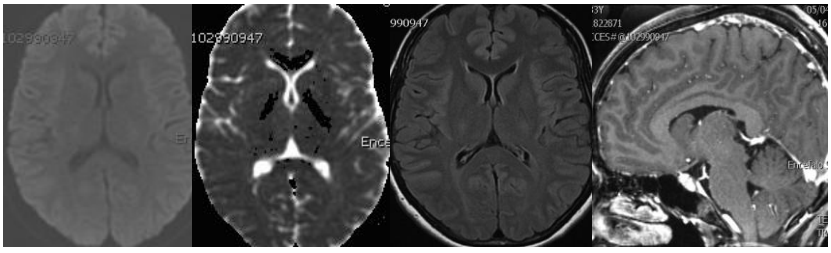


Figs 2: MRI performed 24 hours after symptoms onset



DWI ADC map FLAIR T1 with Gadolinium

Figs 3: MRI performed 14 days after symptoms onset



DWI ADC map FLAIR T1 with Gadolinium

Discussion:

RESLES due to H1N1 infection is a well-known syndrome among eastern population, whether few cases were previously described in Western countries. Clinical course is usually favourable despite the use of any medication

References:
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