Editorial

iMedPub Journals
http://www.imedpub.com

Medical Case Reports
ISSN 2471-8041

2021
Vol. 7 No. 8: 200

Editorial Note on Rasmussen Encephalitis

Mathew Brows*

Department of Internal Medicine, Royal Shrewsbury Hospital, Jordan

Received : August 03, 2021; **Accepted :** August 17, 2021; **Published :** August 24, 2021

***Corresponding author:** Mathew Brows, Department of Internal Medicine, Royal Shrewsbury Hospital, Jordan

Tel: +447817235236

mathew@nhs.net

Citation: Brows M (2021) Editorial Note on Rasmussen Encephalitis. Med Case Rep Vol.7 No.8.200

Editorial

Rasmussen encephalitis is a painful childhood disorder that causes progressive neurologic deficits and uncontrolled seizure function. Patients often have episodes of epilepsia partis continua and, more commonly, have a typical epilepticus condition. Fainting is inevitable in spite of harsh medical treatment. In high-risk cases, a hemispherectomy appears to be one way to control seizures. Permanent physical and mental disabilities are unavoidable. The cause of the disease is unknown, although pathologic specimens show indirect changes associated with viral encephalitis. Prolonged brain injury is often misleading at first and is gradually making it difficult to make an accurate diagnosis on the basis of clinical evidence. CT, xenon CT, positron emission tomographic, and MR neuroimaging diagnosis in young patients with suspected death encephalitis. Rasmussen encephalitis is a diagnosis of discharge however, data obtained from neuroimaging studies in conjunction with the clinical course should raise this concern.

The diagnosis of RE is usually based on clinical, radiological, and pathological factors. Most commonly, it affects healthy children and adolescents between the ages of 14 months and 14 years. However, older people may not be affected. It usually presents as a tonic-clonic seizure or partial pharmacoresistant seizure, about half of which later progresses to EPC. Other manifestations include progressive failure of unilateral neurologic defense leading to hemiparesis and dementia. Certain times of involvement of many countries have also been reported. Dysphasia may develop if a prominent hemisphere is involved. All cases in the current series were in the age group of children, clinically characterized by a partial AED-refractory collapse in part progressively in the EPC.

Typically, RE cases have a temporary or frontoparietal onset, as determined by initial MRI, consistent with the report that the most common seizures that are part of RE are for psychomotor and focal motor types. The same original pattern was also observed in all cases.

Suspected RE cases are routinely screened for MRI, because not all investigators look at brain biopsy as essential to a diagnosis. MRI features in RE are areas of cortical hyperintense T2 / signal-attentuated inversion recovery (FLAIR) signal. Serial MRI studies, have shown many changes from normal image at first, to focusing or imagining hemispheric cortical atrophy of the affected lobes, in the end. Neuroimaging in the current series has shown evidence of cortical atrophy of the affected hemisphere, suggesting a more advanced disease process, which has been accompanied by an advanced stage seen in histopathology. The pathological appearance of RE, both macroscopic and microscopic, varies with the severity of the disease. Macroscopic traits in conditions operated within the first 1-2 years show subtle changes in the form of minor color and granular changes, as well as cerebral cortex degeneration, while critical cases may indicate gyral atrophy with extensive hemi atrophy and ventricular dilatation.

Anti-epileptic drugs are helpful but usually do not control seizures completely. studies shows that there is some success with therapies that suppress or modify the immune system, especially those that use corticosteroids, intravenous immunoglobulin, or tacrolimus.

Acknowledgement

The author would like to acknowledge their team for supporting the project.

Conflict of Interest

The author declared that there is no conflict of interest.