

Abstract

Acute disseminated encephalomyelitis (ADEM) is a rare and life-threatening disorder of the central nervous system, typically following a viral illness, such as an upper respiratory tract infection. In this report, we describe the case of a 19-year-old male patient who presented with a headache lasting 4-5 days, accompanied by recurrent vomiting and difficulty in walking. Over the past month, he had experienced intermittent episodes of high fever. Clinical, biochemical, and MRI findings confirmed the diagnosis of ADEM.

The patient responded well to initial treatment, which included IV methylprednisolone, immunosuppressants, plasmapheresis (PLEX), and IV immunoglobulin. He was discharged from the hospital after one month of treatment, during which steroid doses were gradually tapered with IV rituximab weekly doses. However, the patient returned with symptoms of meningitis one month later. MRI revealed pyogenic meningitis and a brain abscess, along with positive melioidosis antibodies. He was treated with IV meropenem and showed clinical improvement.