Abstract

Acute disseminated encephalomyelitis (ADEM), also known as postinfectious encephalomyelitis, and it is disease of central nervous system due to multifocal autoimmune demyelination of white matter involvement. Commonly triggered by viral infections, ADEM is caused by an inflammatory reaction in the brain and spinal cord. Diffuse neurological signs along with multifocal lesions in brain and spinal cord characterise the disease. I present the case of a 38-year-old mother of two children admitted to medical ward with a history of rapidly progressive numbness and weakness of all her four limbs, started from lower limb and gradually involving upper limbs, over two days, which was associated with constipation, urinary retention, ptosis, double vision and dysphagia following chicken pox infection 10 days before.

In this case, the features of cerebral, brainstem, spinal cord involvement, and the constitutional features like headache, nausea, vomiting, lethargy and fatigue following chickenpox, made us to suspect a postinfectious neurological impairment. Further workup specially the Magnetic resonance imaging T2/FLAIR sequence of brain and spinal cord showed white matter signal abnormalities involving periventricular region, brain stem and also longitudinally extensively involving the spinal cord. Here in this case the temporal relationship between chickenpox infection, neurological sequelae and with the supportive evidence from MRI, the diagnosis of ADEM established.

She was treated with IV acyclovir and IV immunoglobulin. Because of high inflammatory markers IV methylprednisolone was avoided even prednisolone. Two days after the commencement of IV immunoglobulin there was marked clinical improvement observed. She was completely relived from weakness in two weeks. She was discharged from ward after advising regarding recurrence of the condition and followup MRI in 18 months arranged.

Keywords; Chickenpox infection, limb weakness, acute disseminated encephalomyelitis, immunoglobulin, acyclovir.