

Case presentation and discussion

A 35-year-old previously healthy male found unresponsive by his friends despite many attempts to wake him up from the sleep in the morning and brought to the Teaching Hospital, Peradeniya on May 2018. He went to sleep on a thin mattress spread on the ground at about 11 pm at a mosque. His friends denied the use of alcohol or illicit drugs at the night and could not find a snake or bite mark in the body, or nor any remnants of drugs or other substance that would have been abused and they were not involved in indoor cooking.

On admission his vitals were normal, but he was drowsy with Glasgow Coma Scale (GCS) score of 9/15 (E- 2, V- 2, M-5), the pupils were unequal, right side 3mm and left 1mm in size with sluggish light reaction. There was bilateral ptosis more on the right side with oculomotor nerve palsy. His motor power was >4+ in both upper and lower limbs and planters were up-going on the right side. An urgent non-contrast CT brain was performed followed by contrast-enhanced CT (CECT) of the brain, which showed a hypodense area in right frontal lobe suggestive of an old infarction. Due to low GCS, he was electively intubated and transferred to the intensive care unit (ICU). His urine toxicology screen, EEG, CSF studies and tests for myasthenia gravis was normal. MRI done five days