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Transient splenium lesion

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Description

A 6 year child presented with short duration of fever. On examination the child was drowsy but easily arousable. Investigation showed low platelets of 25,000 per microliter of blood with normal dengue serology. Diffusion-Weighted Imaging (DWI) and Apparent Diffusion Coefficient (ADC) on Magnetic Resonance Imaging (MRI) showed restricted diffusion in the splenium (Figure A and B). Cerebrospinal fluid examination was deferred in view of low platelet count. Patient was treated with antibiotics and platelet transfusion. Patient improved with normal platelet counts. MRI after 5 days showed normal study (Figure C and D).

Transient Splenium Lesions (TSL) on MRI are encountered in various aetiologies like epilepsy, posterior circulation stroke, multiple sclerosis, antiepileptic drug withdrawal, infections and inherited metabolic disorders. TSL is due to transient edema or inflammation of the corpus callosum. The constellation of finding which include clinical, laboratory, and transient nature of the lesion helped us in differentiating our patient from other causes. TSL in our patient was part of viral infection and usually signifies a good prognosis [1].

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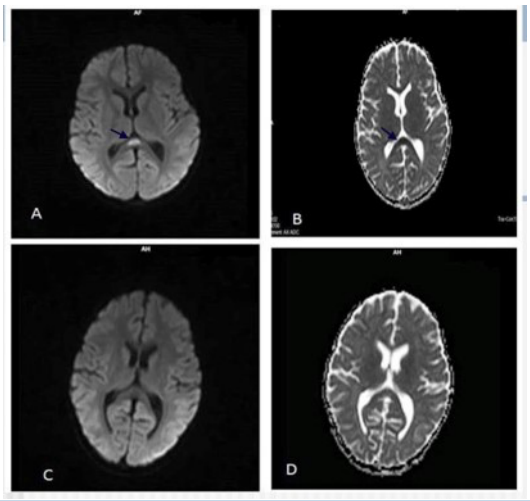

Figure 1: (Figure A and B). DWI and ADC map show restricted diffusion on the splenium (arrows).
(Figure C and D). Follow up DWI and ADC map show complete resolution on the lesions in the splenium

References

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