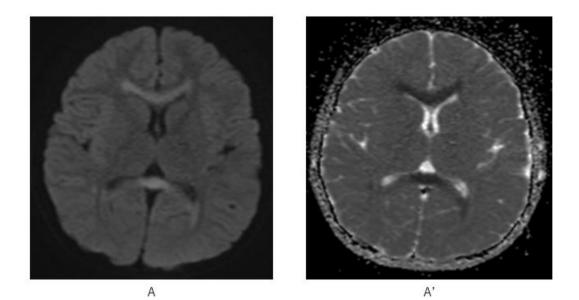
A Case of the 10 days

Case 385

A nine-year-old girl was presented in our hospital with her mother for fever, throat pain, and vomiting. Two days before coming, she experienced a high fever of 41.7 centigrade, cough, nasal fluids, throat pain, and vomiting. She was previously diagnosed as acetonemic vomiting. Laboratory test revealed CRP 2.75 mg/dL, white blood cells 10170/mm3, neutrophils 78.1%, blood sugar 57mg/dL, urine ketone 3+. She was admitted for drip infusion due to acetonemia vomiting. Day 2 after admission, she experienced consciousness disorder and inexplicable response. Then, she took brain MRI (Fig. 1).



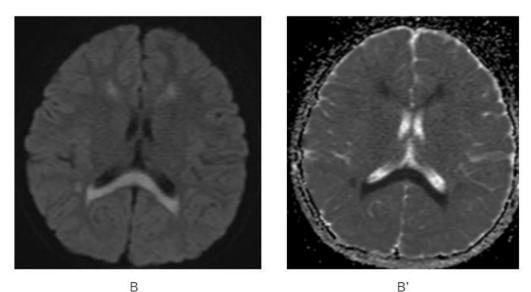
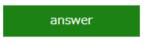


Fig.1 Genu and splenium of corpus callosum are depicted high signal intensity (A, B) on Diffusion WI whose ADC values of 0.347 are lowering (A', B') on ADC mapping.

What is the imaging diagnosis?

- 1. Brain infarction
- 2. Posterior reversible encephalopathy syndrome (PRES)
- 3. Mild encephalopathy with reversible splenial lesions (MERS)
- 4. Neuromyelitis optica spectrum disorders



2025.5.2