

## SEVERITY OF MYELITIS- ASSOCIATED RHOMBOENCEPHALITIS IN AN IMMUNOSUPPRESSED PATIENT

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## **OBJECTIVE**

Discussion about the severity of rhomboencephalitis in immunosuppressed patients, secondary to co-infections

## **METHOD**

Bibliographic review of the literature about Rhomboencephalites in different clinical settings

## **CASE REPORT**

Rhomboencephalitis is rare, potentially serious and fatal, affecting the hindbrain (pons, medulla and cerebellum). The pathology has varied etiologies such as infectious, autoimmune and paraneoplastic. It may be associated with myelitis, causing motor, sensory and autonomic changes. The clinic is characterized by prodromes of fever, vomiting, and headache, followed by neurological manifestations such as cranial nerve paresis, paresthesia, and sphincter dysfunction. To report the case of a patient with Human Immunodeficiency Virus (HIV) without regular treatment, diagnosed with myelitis-associated rhomboencephalitis, by obtaining data from medical records and reviewing the literature on the subject.

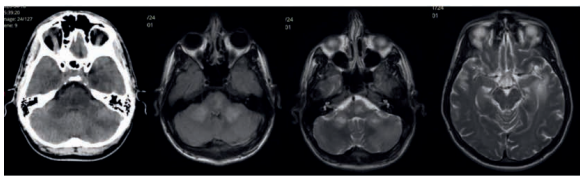
## **DISCUSSION**

R.A.C, 37 years old, admitted to the intensive care unit in April 2020, with a report of vertigo and paresthesia of the left lower limb with 7 days of evolution progressing with crural paraparesis and urinary retention. He has a history of using anabolic steroids, hepatitis B, presenting CD4 lymphocyte 48 and a viral load of 32,000 copies. On admission cranial tomography, he had extensive hypodensity in the subcortical region, cerebrospinal fluid puncture with pleocytosis, proteinorrachia and reagent serology for herpes zoster and cytomegalovirus. A

contrast-enhanced magnetic resonance imaging was performed, revealing irregular uptake nodules at the transition of the middle cerebellar peduncles with the hemispheres and at the bulbopontine transition, in addition to poorly defined hypersignal in the left hippocampus, parahippocampal gyrus and ipsilateral inferior temporal, suggesting rhomboencephalitis. The MRI of the cervical and thoracic spine showed hypersignal typical of myelitis. Treated with pulse therapy associated with broad-spectrum, antifungal and antiviral antimicrobials in an intensive care setting with partial improvement of the condition. After 28 days of hospitalization, he presented worsening and sepsis of pulmonary focus evolving to death.

## FINAL COMMENTS

The case reported raises the discussion about the involvement of immunosuppressed patients by a pathology little reported in this population, in relation to other pathologies that affect the central nervous system in these individuals, evolving with a severe form, rhomboencephalitis associated with myelitis, a potentially fatal, like the picture described.



CT extensive hypodensity pontine; MR T2/FLAIR comproving the image with revealing irregular uptake nodules at the transition of the middle cerebellar peduncles with the hemispheres and at the bulbopontine transition, in addition to poorly defined hypersignal in the left hippocampus, parahippocampal gyrus and ipsilateral inferior temporal, suggesting rhomboencephalitis respectivel