

Case	(048) Listeria rhombencephalitis: analysis of three cases in nonimmunocompromised adults.
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CASE PRESENTATION

We present 3 patients, two of them related to each other (marriage), who went to the Emergency Department during the same week with symptoms of fever, malaise, decreased level of consciousness and speech alteration. In addition, the marriage presented vomiting. In the emergency analysis, the CRP was less than 100 mg/L in all cases, with leukocytosis in only one of the three patients. A cranial CT was performed, in which images suggestive of encephalitis were not evident at that time.

After admission, isolation of *Listeria monocytogenes* in blood and cerebrospinal fluid (CSF) and clinical worsening, urgency CT and MRI were requested, where very suggestive lesions of rhombencephalitis were observed: involvement of occipital lobes, cerebellar hemispheres and brainstem with formation of small abscesses.

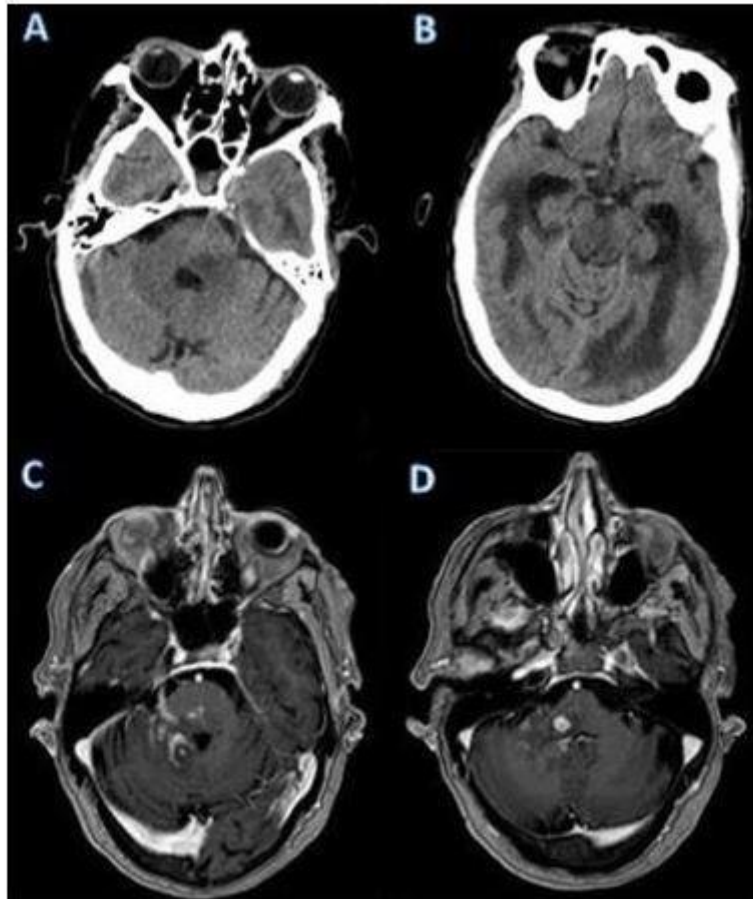
DISCUSSION

Listeria rhombencephalitis is a CNS inflammatory disease that is difficult to diagnose because of the non-specificity of the prodrome, with a very serious prognosis. Its diagnosis is based on three elements: clinical-pathological evidence of an acute infection of the brainstem, clinicalradiological absence of lesion of the cerebral cortex and demonstration of *Listeria monocytogenes* in blood, CSF or brain tissue.

The characteristic image in MRI, but not specific, is of diffuse hyperintensity in sequences enhanced in T2 and FLAIR predominantly in cerebellum and brainstem, and there may be images that show "ring" contrast enhancement suggestive of abscesses. In CT, it translates into hypodense areas located in the brainstem with formation of abscesses.

CONCLUSION

Listeria rhombencephalitis is an infrequent entity that occurs in adults, with severe and even fatal prognosis, so a good clinical-radiological correlation is necessary to establish a treatment as early as possible.



A, B. CT scan of the skull showing extensive hypodensity in the supratentorial White matter, more marked in the occipital lobes and in the brainstem.
C, D. MRI showing involvement of cerebellar hemispheres and brainstem with formation of small abscesses.

BIBLIOGRAPHY

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