

Reversible splenial lesion syndrome (RESLES)

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Introduction

Reversible splenial lesion syndrome (RESLES) is a distinct clinico-radiological syndrome of varied aetiology. It is a transient lesion involving the splenium of the corpus callosum most commonly in a patient with encephalitis or encephalopathy¹.

Case report

A 3 year old boy with normal motor and cognitive development was admitted with a history of high grade fever for 5 days with erythematous exanthema all over the body appearing on day 5 of fever. Rash first appeared over trunk. On day 5, baby also had generalized tonic convulsions lasting 45 minutes, followed by altered sensorium and unstable vital functions. Blood count showed normal haemoglobin and white blood cell count but the platelet count was 90,000/cu mm. Blood biochemistry, sugar, calcium, ammonia and lactate level were within the normal range. Mantoux test and blood culture were negative. In the cerebrospinal fluid study, the cell count was 10, all lymphocytes, protein were slightly raised and sugar was normal.

Herpes simplex virus and dengue serology were negative. Antinuclear antibodies and ferritin levels were not raised. Magnetic resonance imaging (MRI) of the brain showed a lesion in the central splenium of the corpus callosum with slight hyper-intensity in T2 image (Figures 1 and 2). There were no other lesions in cortex or white matter. Follow – up study after one month showed resolution of the lesion. We treated the patient as viral encephalitis. On day 14, baby recovered and there was no residual neurological abnormality. Based on the clinical and radiological findings a diagnosis of reversible splenial lesion syndrome (RESLES) was made.

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Figure 1: MRI of brain (sagittal view) showing lesion in the central splenium of corpus callosum

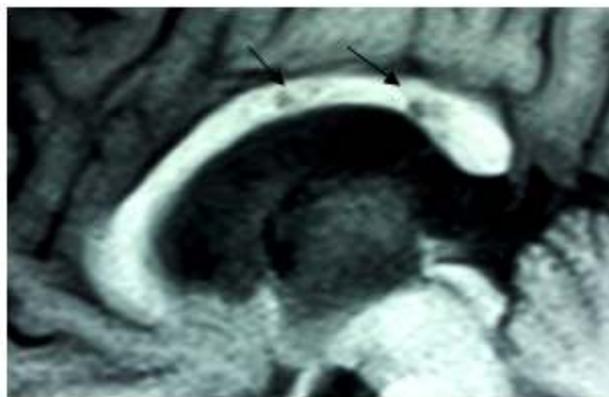


Figure 1a: Lesion in the central splenium of corpus callosum enlarged

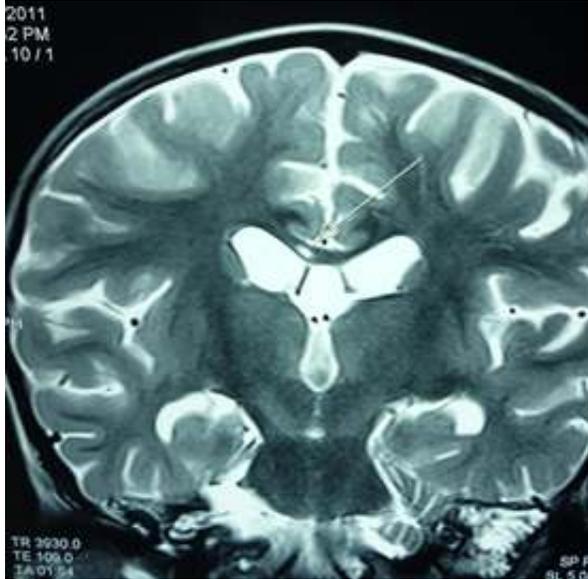


Figure 2: MRI of brain (axial view) showing lesion in the central splenium of corpus callosum

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