An Acute Disseminated Encephalomyelitis (ADEM) Case after Yellow Fever Immunization

Soares CN*, Souza APC, Santos R and Spitz M

1Department of Neurology, Federal Hospital dos Servidores do Estado, RJ, Brazil
2Department of Radiology, Federal Hospital dos Servidores do Estado, RJ, Brazil

Clinical Image

A 17 years old female presented to the emergency department with fever, paraparesis and urinary retention after 31 days of yellow fever immunization. There were flaccid paraplegia, sensitive level (T4) with impairment of all types of sensitivities and lower limbs areflexia. Sagittal T2-weighted image revealed swollen cervical and thoracic cord in a longitudinally extensive transverse myelitis pattern (Figure 1). Brain MRI showed cortico-subcortical hyperintense lesions in frontal lobe, insula and in both thalamus (Figure 2A). The CSF analysis detected a lymphomononuclear pleocitosis, normal glucose and hyperprotein.

According to the World Health Organization (WHO), more than 50% of people without treatment will die from ADEM [1]. Despite this, the vaccine adverse effects are mild and well tolerated. Brain axial FLAIR image showed that lesions have been almost completely sorted out 40 days after immunosuppressive therapy, with improvement of strength in lower limbs (Figure 2B). Cases of Guillain Barré syndrome and encephalitis were also reported after yellow fever immunization [2].

OPEN ACCESS

*Correspondence: Soares CN, Santa Clara Street n50 /1217, Copacabana, Rio de Janeiro, Brazil, CEP: 22060-000; E-mail: crist_nsoares@yahoo.com.br

Received Date: 07 Sep 2018
Accepted Date: 15 Sep 2018
Published Date: 21 Sep 2018


Copyright © 2018 Soares CN. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Figure 1: Sagittal T2-weighted image.

Figure 2A: Brain MRI.
References
