



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

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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 arreflexia. 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 linfomononuclear pleocytosis, normal glucosus 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].

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Figure 1: Sagittal T2-weighted image.

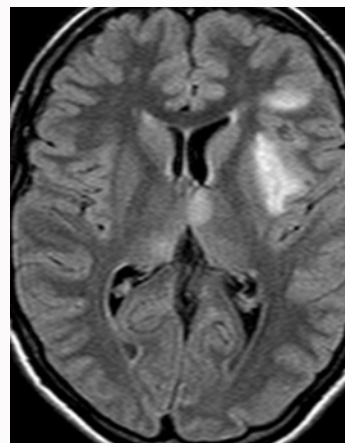


Figure 2A: Brain MRI.

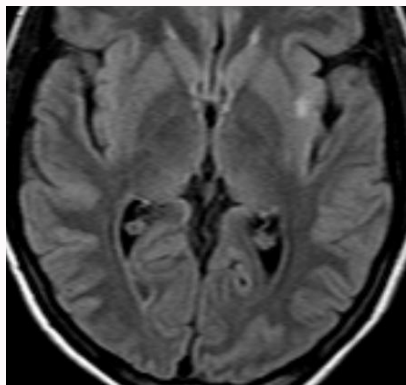


Figure 2B: Brain axial FLAIR image.

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