Clinical commentary

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Multiphasic presentation of Rasmussen's encephalitis

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Typical vs. atypical clinical course of RE

Typical clinical course of RE

1. Early (prodromal) stage: infrequent seizures arising from one hemisphere, mild hemiparesis.
2. Acute stage: frequent seizures (epilepsia partialis continua can be seen in 50% of the cases) and progression to hemiparesis, hemianopia and cognitive decline.
3. Chronic stage: the neurological deficits are fixed.

Atypical clinical course

- Onset in adolescence or adulthood.
- Less aggressive or fluctuating course and MRI changes.
- Unusual clinical features, such as: occipital lobe involvement, bilateral involvement, or absence of epilepsia partialis continua.

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Characteristic MRI changes of RE

1. Initial MRI changes:
   swelling and hyperintense signal in affected areas of cortex and/or subcortical white matter and deep white matter on T2-weighted and fluid attenuation inversion recovery (FLAIR) images.
2. Resolution of swelling and later atrophy, with persistence of the hyperintense signal.
3. MRI changes in the late stage:
   progressive atrophy and normal signal.

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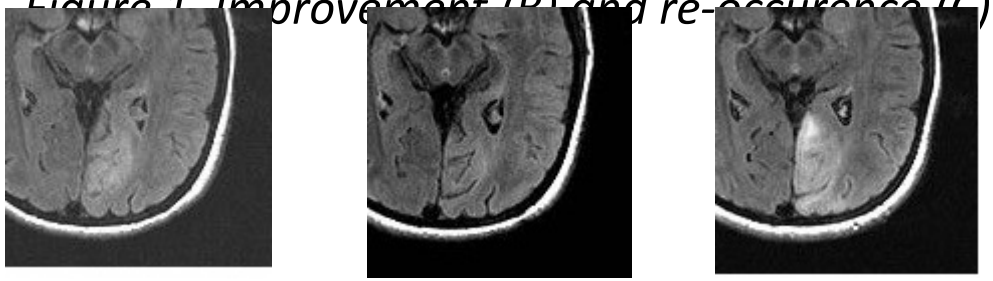
Atypical MRI changes of RE

1. Improvement of hyperintense signal abnormalities without atrophy
2. Improvement and re-occurrence of hyperintense signal abnormalities (illustrated in Figure 1)
3. Sustained increased signal

Figure 1. Improvement (B) and re-occurence (C) of hyperintensities.



A *B* *C*

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