

# Herpes

NAME/R.S.	AGE/26	SEX/Female	AREA/Germany
16/02/2007-02/03/2007: Hospitalized			
<p>16/02/2007: Radiology, cranial MRI. Clinical indications: Lethargic patient, significant migraine with aura. Assessment of the headache: visualization of left sided meningoencephalitis, temporomesial emphasis, e.g. transmigration to left maxillary sinus. Recent cortical ischemia in temporal cortex. Because of localization, herpes encephalitis must be ruled out stat. An immediate referral to the emergency room was advised. No signs of distress.</p>			
<p>22/02/2007: Confirmed diagnosis of herpes meningoencephalitis, left temporal. (A86) Anamnesis (preliminary case history of a medical or psychiatric patient): The patient went to the emergency room on 12.02.07 because of a massive headache spanning from the neck to the top of the head, lasting three days. On 12.02.07 she noticed a short-term, right-sided scotoma (partial visual interference), intermittent blurred vision, with no other coexisting vegetative symptoms (such as insomnia). An antiviral therapy with Zovirax by infusion was initiated.</p>			
<p>02/03/2007: <b>Initiated treatment of 3g of Rice Bran Arabinoxylan Compound (RBAC) daily for eight weeks.</b></p>			
<p>23/04/2007: Evaluation of condition after herpes meningoencephalitis. Approximately 3 cm sized area of damage in the left temporal region with continued low grade cortical blood-brain barrier disorder. No other diffusion disorders. Continued accompanying moderate-grade, localized soft tissue edema. No signs of significant compression of collateral brain structures. Furthermore, in the supra- as well as infratentorial region, there was an absence of brain parenchyma signal changes. Medical evaluation: small damaged area in left temporal region with only moderate-grade accompanying edema. No significant compression of collateral brain structure. No ischemia. No intracranial bleeding.</p>			
<p>20/06/2007: Diagnosis of S/P herpes meningoencephalitis on left side, temporal (A86). Confirmed latent sensorimotor hemiplegic symptoms, left side (G81.9) Clinical evaluation: S/P herpes meningoencephalitis remains detectable on neurological test with latent sensorimotor hemiplegic symptoms on left side. Activities of daily living were not impacted. No further therapy is necessary.</p>			
<p>February 2008: With exception of minor problems with short-term memory, the patient is free of complaints.</p>			