Sturge-Weber Syndrome

Anurag Gupta¹, Devesh Yadav², Nand Kumar Singh³

A 30 year old lady was admitted for acute febrile illness with severe headache and pain in her left eye of five days duration associated with delirium for 2 days. Clinical examination revealed temperature 100.0°F without jaundice or any meningeal signs. She had a sharply demarcated erythematous, hyperpigmented plaque present since birth affecting left half of the face slightly encroaching towards the right side on nose, lips and chin. There was an erythematous swelling on left side of upper lip within the plaque suggestive of superficial hemangioma with a deep component on upper lip. Left eye showed conjunctival congestion with edema of upper lid (Figure 1).

Her pulse was 90/min. and BP was 110/76 mm Hg. General blood picture and CSF examination were within normal limits and rapid diagnostic tests for malaria, typhoid and dengue were negative. CECT head revealed hyperdense gyriform calcifications in left parieto-occipital lobe with evidence of moderate gyral enhancement (Figure 2).

A diagnosis of acute viral illness with Sturge-Weber syndrome was made.

¹Junior Resident, ²Junior Resident, ³Professor, Department of Medicine; Institute of Medical Sciences, Banaras Hindu University, Varanasi – 221005.

Received: 03.01.2011; Revised: 28.02.2011; Accepted: 29.04.2011