INTRODUCTION

Extra CNS malignancy may affect central nervous system indirectly through immunological mechanisms known as paraneoplastic syndromes. Paraneoplastic neurological syndromes include progressive cerebellar ataxia, myelopathy, opsoclonus-myoclonus syndrome, polymyositis, neuropathy, neuromuscular junction defect (Eaton-Lambert syndrome), progressive multifocal leukoencephalopathy and rarely limbic encephalitis. Limbic encephalitis is characterized by short term memory impairment, confusion, irritability, depression and seizures and occurs in 0.5 to 1% of all cancer patients with increasing incidence in small cell lung cancer. Usually anti-bodies to tumour antigens react with CNS cell specific antigens. Here we are reporting a case of limbic encephalitis due to a solid lung tumor presenting atypically as a meningitic syndrome. To the best of our knowledge, there is no report of similar case from India.

CASE REPORT

A 46 years literate, nondiabetic, nonhypertensive female was admitted in our institute with chief complaints of headache, vomiting, lowgrade intermittent fever, behavioral abnormality and seizures for last three months. Clinically she had meningism with bilateral papilloedema. Based on CSF analysis, normal CT scan of brain and suspicious lesion in X-ray chest, she was put on anti-tuberculosis therapy. As the patient further deteriorated clinically, MRI of brain was carried out and revealed bilateral increased signal intensities in both medial temporal lobes in T₂ and flair sequences. Inj. acyclovir was added considering the diagnosis of herpes simplex encephalitis. In spite of receiving treatment patient gradually became more drowsy and repeat X-ray chest with CT guided FNAC showed picture of adenocarcinoma of lung. So finally, we concluded it to be a case of limbic encephalitis.
cmm (all lymphocytes), sugar 52 mg% and protein 78 mg%. PCR for HSV DNA and PCR for tuberculosis were negative. Cryptococcal antigen, ADA-MTB and NCV study of four limbs were also negative. Based on MRI finding and CSF fluid picture Inj. Acyclovir was added along with ATDs. However, EEG was noncontributory. However, patient continued to become drowsy, with deterioration of clinical status. Repeat X-ray chest showed increased opacity of both hilar region (Fig. 3) and CT guided FNAC revealed adenocarcinoma of lung (Fig. 4). Patient was put on chemotherapeutic regimen, but did not respond and ultimately succumbed to her illness three weeks later.

**DISCUSSION**

Limbic encephalitis frequently occurs in bronchogenic carcinoma usually of the small cell type. However, adenocarcinoma of lung can produce the same manifestation. This focal encephalitis involving bilateral temporal lobes mimicked herpes simplex encephalitis. But subsequent evidence of malignancy could explain this paraneoplastic manifestation which was not very uncommon. Commonly, they present with subacute or chronic cognitive and behavioural symptoms. The atypical feature in our case is presence of increased intra cranial tension with meningism at onset which might be due to direct invasion of meninges by the neoplastic cells. So, differential diagnosis could be meningitis carcinomatosis but available investigation did not support the assumption, though autopsy proven meningeal involvement in the
presence of negative imaging was known. Moreover, this feature was uniquely found only in hematological malignancy, including leukemia and lymphoma groups and very rarely in bronchogenic carcinoma. However, MRI evidence of bilateral temporal lobe changes without positive PCR for DNA of herpes simplex suggest the change was less likely of later origin. Correlating the chest X-ray feature, MRI of brain, negative CSF PCR report and lack of response to acyclovir, we considered that the underlying pathological changes in brain was possibly due to remote effect of lung carcinoma. This could be proved by antibody tests such as Hu, Ma, Yo, Ri, CV, CRMP5, Ampiphysin etc which are frequent and may help in further confirmation but could not be done because of logistic support.

REFERENCES

Announcement

7th International Symposium on Diabetes
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