

115 H1N1 ENCEPHALOPATHY: SUPPORT FOR AUTOIMMUNE PATHOGENESIS

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Presentation This 22 year old lady was admitted with a one-week history of flu-like illness, confusion and seizures. Brain MRI showed high signal in the splenium of the corpus callosum. LP showed an opening pressure (OP) of 21cmH₂O, 38 WCC (95% lymphocytes), protein of 77.6 g/dL, with no organisms. She did not respond to acyclovir, ceftriaxone and steroids.

Progress She subsequently developed features of raised intracranial pressure. Repeat LP showed an OP of >40 cmH₂O with 94 WCC (100% lymphocytes). She was then started on IVIg with improvement over the next few days leading to complete recovery.

Diagnosis CSF viral studies were negative. Virology showed a rise in H1N1 influenza titre. Anti NMDA receptor antibodies and ANA were negative.

Discussion Influenza H1N1 presents with neurological features in 6% of cases and the splenial abnormality is characteristic. The pathogenesis is considered autoimmune because the CSF shows no viruses, antibodies or cytokines, and because of the response to IVIg. This case report supports the autoimmune basis of Influenza H1N1 encephalopathy.