PSEUDOTUMORAL ENCEPHALITIS WITH ATIPIC ONSET

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In 1983 Heinrich Quincke stated the observation that intracranial hypertension can exist even without an intracranial tumor. Nonne in 1904 used for this alternative the term: pseudotumoral encephalitis. There exist 2 causes of intracranial hypertension: a) cranio-cerebral sufferings with diverse origins: infections, toxic, metabolic or accompaniating other diseases (haemopathies, endocrinopathies). The interrelation intracranial hypertension-acute cerebral edema reactualises the concept of the barrier blood-brain. A functional alteration of one of the 2 components (capillar wall-astrocyte membrane), can create a cerebral hyperhydratation, that means a cerebral edema. The patient we will describe present the following particularities in the 11^{th} day of disease (the third day of hospitalization), to the anterior symptoms (fever, rash), appeared periodical dismnezis, difficult walking and seeing disorders. We found: meningeal syndrome was present, papillar edema bilateral, a negative result of computed cerebral tomography, CSF clear aspect, Pandy ++, 95 cells/mmc, 95% lymphocytes, proteins 0,83 g‰, chloride 7,01 g‰, glucose 50 mg%. We administred cortison and depletion and obtained a partial cure with sequelae (optical atrophy left eye). We remarked in the onset of the disease the absence of sign of intracranial hypertension (absence of headache and vomiting). This fact raises the importance of examining of routine the eye.