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| Table 1 : Investigation Summary | | | |
|  | **23/3/23** | **30/3/23** |  |
| **WBC** | 8400 | 8.6K |
| **Neutrophil (%)** | 80.6 | 70.6% |
| **Hemoglobin** | 11.8 | 11.6 |
| **Platelet** | 301K | 205K |
| **K+/Na+/Cl-** | Normal | Normal |
| **Coagulation profile** | Normal | Normal |
| **AST/ALT/ALP** | Normal | Normal |
| Lipid Profile | Normal | Normal |
| Viral markers for Hepatitis B surface antigen , Hepatitis C Virus Ab, VDRL and PICT | All are negative |  |
|  | | |
| 🡪CSF examination reported protein of 19.6 mg/dl, glucose of 75 g/dl, and total White blood cell count of 30 cells all of which were mononuclear cells.  🡪CSF meningoencephalitis panel was sent and pending.(**Image 2**)  🡪Imaging : His initial brain CT(**Image 3A, B**) revealed right external capsule and medial  temporal lobe hypo density,  🡪EEG (**Image 1**) showed an abnormal tracing with generalized asymmetric moderate to severe slowing on both hemispheres with burst suppression pattern with generalized epiletiform discharges.  🡪Post contrast Brain MRI (**Image 3D** ) was then obtained to conclude multifocal cortical thickening and restricted diffusion involving bilateral insula, right temporo-parietal lobe and right frontal parasagittal regions.  🡪Imagings after worsening   * CT scan – see (**Image 3C)** and MRI with MRV see –(**Image 3E)** | | | |
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