

## Reversible splenial lesion in adult hepatitis A virus associated encephalopathy

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**Key words:** Splenium, Encephalopathy, Hepatitis A virus.

A 27-year-old man was admitted for sudden onset of vomiting with fever. Laboratory tests revealed elevated liver enzyme (AST 5555/ ALT 4698 IU/L). Anti-HAV IgM was strongly positive, indicating recent HAV infection that attributed to his acute systemic symptoms. The patient also presented right side central type facial palsy and right hemiparesis. CSF study was negative, but brain MRI demonstrated symmetric high signal in the splenium of the corpus callosum (SCC) (Fig. 1A-D). He completely recovered and serologic tests were normalized within seven days of admission. Follow-up MRI performed after one month revealed complete resolution of the splenial lesion (Fig. 1E-F).

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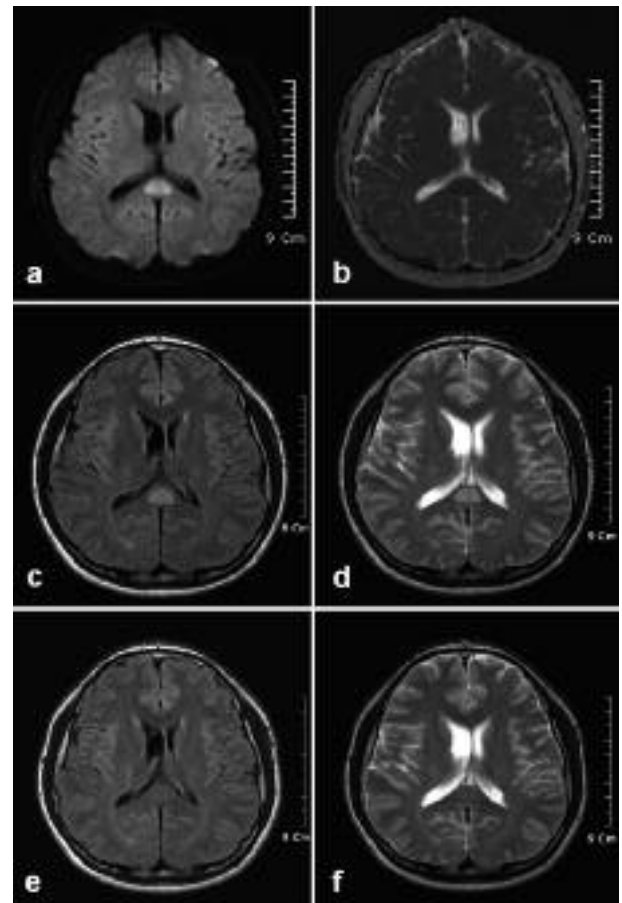


Fig. 1. — Initial axial diffusion-weighted MR image on day 3 of febrile illness showed oval-shaped high signal intensity (A) and restricted diffusion with reduced ADC values in the splenium of corpus callosum (B). The lesion showed hyperintensity on FLAIR and T2-weighted image at the same location (C, D). Follow-up brain MRI was performed one-month later from the initial admission. Previous splenial lesion was completely disappeared on FLAIR and T-2 weighted MR images (E, F).