

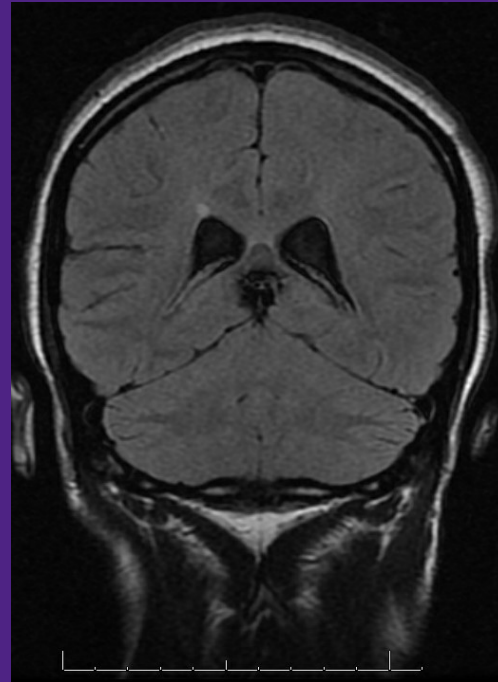
**Intro:**

- 17 year old female with a history of epilepsy
- Seizure-free off of medications for over a year
- Presented with new onset of recurrent seizures and altered mental status.
- MRI revealed a new hyperintense nonenhancing lesion, with full analysis consistent with encephalitis.
- Further workup was significant for elevated Mycoplasma pneumoniae IgG and IgM blood titers. CSF demonstrated a lymphocytic pleocytosis without detection of mycoplasma

**Case Report:**

- The patient was given courses of solumedrol, IVIG, and azithromycin with only minimal improvement in her symptoms.
- A triple agent antiepileptic drug regimen was also initiated, which eventually led to full control of seizure activity.
- The patient was admitted to pediatric inpatient rehab where her recovery included therapies focused primarily on her ataxic gait, impaired upper body coordination, and severely apraxic speech with slowed cognition.
- During her hospitalization she made significant improvements in regaining physical mobility and coordination, though her speech remained impaired from baseline.
- After discharge, she continued to make progress in her therapies and was eventually able to resume school at regular grade level activities. She was weaned to 2 anti-seizure medications with continued full control of seizures.

## **Mycoplasma Encephalitis Presenting as Acute Recurrence of Seizures in a Pediatric Patient with Prior Epilepsy**



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**Discussion:**

Mycoplasma encephalitis is among the rare central nervous system manifestations of mycoplasma pneumoniae infections, and CNS involvement without respiratory manifestations is even more rare. Often the diagnosis is confirmed through MRI and elevated Mycoplasma pneumoniae IgM and IgG titers, while CSF itself may remain negative for mycoplasma, as was the case in this patient. In this patient, the sudden onset of new seizures in a patient who had previously achieved full seizure control was a strong indicator of a novel reason behind her new epileptiform activity. Treatment options for the infection itself are limited, with only some patients noticeably responding to solumedrol, IVIG, or azithromycin. Although a patient may have minimal response to treatments for mycoplasma, inpatient rehab can still be beneficial and should focus on addressing functional deficits as well as achieving control of symptoms such as seizures.

**Conclusion:**

As in this pediatric patient, although a patient may have minimal response to treatments for mycoplasma itself, rehab should focus on addressing deficits as well as achieving control of symptoms such as seizures.