



فرم ارسال چکیده مقالات

لکوانسفالوپاتی سمی

Toxic Leukoencephalopathy

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• **Introduction**

Toxic leukoencephalopathy is a rare condition caused by various agents such as: Chemotherapeutic agents, cranial irradiation, metabolic disorders, occupational exposures, environmental toxins, drugs of abuse.

• **Case report**

A 30 year-old post-partum, ex-addicted—taking methadone during leaving term--woman was referred to a regional hospital with a cesarean suture infection 2 weeks after childbirth. She was ordered Cefazolin, Gentamicin, which was stopped due to hearing loss after 5 days, and Metronidazole. After that she was referred to Alborz hospital. Clinical neurologic examination revealed aphasia, loss of consciousness, extreme rigidity, gazed eye, agitation. Laboratory investigation showed no signs of electrolyte disturbances, liver or kidney failure, inflammation, or other metabolic disturbances. She was ordered to brain MR in axial T1, T2 flair, PD and sagittal and coronal T2 sequences in which diffuse white matter T2 increased signal change is seen in periventricular regions on both sides and in corpus callosum. That is restricted on DWI images, the finding is non-specific and could be due to inflammatory-infective causes as ADEM, HIV, PRES or vascular causes as CADASIL. So it was referred to molecular detection section for CSF pathogen panel and it revealed no viruses, WBC, RBC in CSF. Then she was hospitalized in ICU and took Methylprednisolone which was not effective after that Plasmapheresis was done for 7 times by the amount of 2-2.5 liters with the substitution of FFT and Albumin which was again ineffective so she was ordered to 13gr IVIG. After the stabilization she was ordered to MRI again in which clearance of white matter lesions was seen. At last she could talk and move voluntarily and ordered to take Depakin, Metoral, Plazil, Gemfibrozil, Quetiapine.

- **Discussion**

The leukoencephalopathy associated with heroin abuse has been reported so far. In this case regarding that she was addicted and had a history of infection toxic leukoencephalopathy was seen which should be considered by the clinicians.

Key words: Methadone, Infection, Toxic Leukoencephalopathy

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