

BSUH Paediatric Guidelines

Herpes encephalitis

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PUBLICATION DATE: September 2010

REVIEW DATE: September 2013

WHEN TO SUSPECT HERPES ENCEPHALITIS

- Children who appear ill to a healthcare professional, with fever AND with any of the following features:-
 - Focal neurological signs
 - Focal seizures
 - Decreased level of consciousness
 - Vesicular rash (index or contacts)
 - Abnormal LFT (ie ALT) and clotting

Treat with IV acyclovir: (as quoted in BNFC)

- 1-3 months: 20mg/kg, TDS
- 3 months-12 years: 500mg/m², TDS
- >12 years: 10mg/kg, TDS

→ *Should monitor fluid balance and renal function*

DURATION OF TREATMENT

- For confirmed or probable (ie positive HSV PCR from CSF or other site) HSV encephalitis, acyclovir should be continued for 21 days⁸.
- Treat all children with strong clinical possibility of encephalitis with IV aciclovir for at least 10days.
 - If initial CSF HSV PCR is negative, should repeat LP for CSF HSV PCR.
 - If child has made full clinical recovery and CSF analysis and brain imaging are normal or if definite alternative diagnosis is made, then acyclovir can be discontinued.

LUMBAR PUNCTURE (LP)

- **Remember to request for HSV PCR**
- **Repeat LP near the end of acyclovir treatment to ensure that HSV PCR is negative, Acyclovir should be continued if HSV PCR remains positive.**

(Lumbar puncture can be helpful even a week after starting on treatment as HSV DNA may still be detectable up to this time.)

NEUROIMAGING

Patient treated for suspected herpes encephalitis should have

- **neuro-imaging to assist with diagnosis.**
 - **MRI is superior to CT in early detection of encephalitis.**
 - **CT is an acceptable alternative.**
- **EEG to help differentiate encephalitis from non-convulsive seizure activity**

MONITORING

For potential complications

- **Status epilepticus**
- **Cerebral oedema**
- **SIADH**
- **Gastrointestinal bleeding**
- **Disseminated intravascular coagulation**
- **Abrupt cardiac & respiratory arrest of central origin**

→ Patient with severe encephalitis should be cared for in PICU for close monitoring.

LONG-TERM FOLLOW UP

- **Hearing test within 4 weeks**
- **Supportive care**
- **rehabilitation**

Follow up, specifically consider:

- **neuro and developmental problems**
- **neuropsychological problems**
- **hearing impairment**