Scorpion Sting Complicated by Atypical Posterior Reversible Encephalopathy
A Case Report With Review of the Literature
F. Zahra Abakka¹, A. El Masloumi¹, I. Zouita¹, D. Basraoui¹, H. Jalal¹

¹Radiology Department, Mother and Child Hospital, CHU Mohammed VI, Marrakech, Morocco

INTRODUCTION
Posterior reversible encephalopathy syndrome, also known by the acronym PRES, is a radioclinical entity combining reversible central nervous system involvement with typical MRI or CT brain imaging. There is a great variability in the clinical presentation of this syndrome and imaging aspects are sometimes atypical. Management may therefore be delayed by diagnostic error or misdiagnosis. The diagnosis must be evoked on the basis of clinical circumstances and then confirmed by imaging [1].

CASE REPORT
This is an 18 years old girl who presented following a scorpion bite with an interval of 15 hours, persistent fever, diffuse abdominal pain and intense headaches; complicated by generalized tonic-clonic convulsive seizures yielding to Diazepam. The clinical examination showed a Glasgow score of 12 with no signs of focalization and a blood pressure of 180/110 mmHg.

An emergency MRI of the brain was performed (Fig-1), showing bilateral and symmetrical signal abnormalities in the posterior cortico-subcortical territories and basal ganglia, which is compatible with the atypical form of PRES syndrome.

The diagnosis of PRES syndrome complicating a scorpion bite was retained. The patient received symptomatic treatment associated with an antihypertensive infusion. The evolution is marked by the normalization of the blood pressure figures and the resumption of consciousness without sequels.
The clinical evolution is usually favorable with a more or less rapid improvement of the clinical signs and disappearance of the radiological images. Reversibility is usually complete, although there is a risk of neurological sequelae and even death [8].

CONCLUSION

Posterior reversible encephalopathy syndrome is a radio-clinical syndrome characterized by the association of variable neurological signs and white matter and gray matter abnormalities preferentially affecting the posterior regions. The evocative clinical context, as well as the rapidly reversible nature of the clinical and radiological abnormalities, suggest the existence of vasogenic cerebral edema related to a vasculopathy. Imaging, particularly MRI, plays an essential role in the diagnosis of this condition, which should be well known by radiologists and clinicians. Reversibility is conditioned by early diagnosis and correction of contributing factors. Moreover, knowledge of this syndrome should encourage the avoidance of unnecessary repeat imaging when the clinical course is favorable.

Conflicts of Interest: The authors declare no conflict of interest.

Authors’ Contributions: All authors have read and approved the final version of the manuscript.

REFERENCES