Dear Editor,

A 32-year-old female patient was admitted with symptoms of weakness on the left side, which developed one week after an upper respiratory tract infection. A neurologic examination showed left hemiparesis (Medical Research Council: upper extremity 1/5, lower extremity 3/5), left hypoalgesia, increased deep tendon reflexes in the left, and positive Babinski sign in the left. A laboratory investigation showed leukopenia, increased aminotransferase, gamma glutamyl transferase and creatinine kinase levels. Cerebrospinal fluid findings were normal except positivity for oligoclonal bands identical with serum. Cerebral magnetic resonance imaging (MRI) showed hypointense lesions in T1-and hyperintense lesions in T2-weighted imaging in the right hypothalamus, thalamus, mesencephalon, internal capsule posterior limb, posterior putamen, and insula (Figure 1A, 1B). The right thalamic lesion was hemorrhagic and enhancing (Figure 2A, 2B). Influenza A (H1N1) was detected using real-time polymerase chain reaction in a nasopharyngeal specimen. Intravenous methyl prednisolone 1 g/day for 5 days, intravenous immunoglobulin 0.4 g/kg/day for 5 days and oral oseltamivir were given. Neurologic findings and laboratory abnormalities improved in the days following treatment.

The postpandemic period began for influenza A(H1N1) pdm09 virus infection in August 2010, which was first detected in April 2009 (1). H1N1 often presents with a febrile disease with mild respiratory symptoms and rarely causes severe cardiac, pulmonary and neurologic complications (2). H1N1 causes neurologic complications such as encephalopathy, encephalitis, seizures, ischemic stroke, benign intracranial hypertension, myelitis, Reye syndrome, and Guillain-Barre syndrome, more than seasonal influenza (3,4).

Cranial MRI should be preferred in diagnosis. The severity of clinical picture could be mild encephalopathy with reversible splenial lesions or acute fatal necrotizing encephalopathy. However, in the clinical practice, there are many cases that cannot be classified into these two categories (5). H1N1 virus infections are still being reported and patients who have neurologic disturbances with a temporal relationship with upper respiratory tract infection should be evaluated for H1N1.

Ethics
Informed Consent: Consent form was not filled out by the case.
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Authorship Contributions

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References