

台灣內科醫學會 南部地區地方月會

演講摘要

講題四：兒童流感重症之腦炎表徵與治療

Influenza virus associated encephalopathy is a disease of young children with a peak incidence between 6 and 18 months of age.¹ It has mostly been reported from Japan and Taiwan, but cases have been reported from Europe and North America and in Caucasian children. It is a severe disorder with a fatality of around 30%, and persisting neurodisability in around one third of survivors, associated with cerebral atrophy. The majority of cases complicate influenza A infections, but influenza B is responsible for around 10%.

Rapidly progressive neurological deterioration, seizures, and coma occur around 26 hours after the onset of influenza symptoms. This is an acute, non-inflammatory encephalopathy in which symmetrical necrosis of the thalami and other deep brain structures, particularly the brain stem tegmentum, periventricular white matter, and cerebellar medulla, occurs. Neuroimaging shows cerebral oedema in the majority of cases, but around 10–20% will show features of acute necrotising encephalopathy. Death usually occurs within two days of the onset of neurological symptoms and in approximately half is caused by multi-organ failure.