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IMAGES IN PAEDIATRICS

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Acute cerebellitis with hydrocephalus and brainstem compression

An 8-year-old boy presented with occipital headache, vomiting and severe gait disorder, with inability to walk. A magnetic resonance image of the brain showed hydrocephalus with transependymal resorption (fig 1A) and marked bilateral cerebellar swelling (fig 1B) with brainstem compression (fig 1C). Examination of the cerebrospinal fluid showed lymphocytic pleiocytosis. Serological investigations (for herpesviruses, Cocksackie, varicella, Epstein-Barr virus, *Borrelia burgdorferi*, *Mycoplasma*) were negative. After treatment with high-dose steroids, the patient improved dramatically within 6 days. Repeated magnetic resonance imaging showed only mild cerebellar atrophy (fig 2A,B).

Acute cerebellitis, a condition that is frequent in early childhood, may result from viral or autoimmune aetiologies. The course of the disease is usually benign.¹ Acute cerebellitis with cerebellar swelling, hydrocephalus and brainstem compression is an exceptional but life-threatening condition.² Treatment modalities can range from medical care (pulse methylprednisone with close observation) to aggressive surgical decompression.

Figure 2 T2-weighted magnetic resonance image (A) on day 7 and (B) on day 50.

Figure 1 Magnetic resonance image showing (A) hydrocephalus with transependymal resorption and (B) marked bilateral cerebellar swelling with (C) brainstem compression.

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