

## Confusional state and fever of ndd

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A 70-year-old patient, she arrives in the Emergency Department due to confusion and fever for 5 days. In history: COPD in smoker. At admission, SpO<sub>2</sub> 88% in room air, vesicular murmur reduced at the lung bases, WBC=173000/mmc with N=82%, PCR and Procalcitonin normal, negative SARS-Cov2 buffer. Therapy with piperacillin/tazobactam 4,5 g x 3 ev is started. Practice chest CT showing bilateral mid-basal pleural effusion, echocardiogram, showing no valve vegetations; serial blood cultures are negative. For the worsening of the confusional state, the patient undergoes an electroencephalogram, conclusive for the presence of cortico-subcortical anomalies also with sharp morphology, nuclear

magnetic resonance of the brain, which signals a suggestive picture for bilateral encephalitis, and finally lumbar puncture, with CSF shows slight increase in proteins and cellularity with negative culture test for bacteria. A CRP multiplex test was performed on the CSF, which gave negative results for bacteria and fungi and positive for Herpes simplex type 1. Therefore, he began therapy with acyclovir 10 mg/kg every 8 hours intravenously, with progressive improvement of symptoms and discharge to a rehabilitation facility neuromotor, after 16 days of acyclovir therapy and normalization of the CRP multiplex at a subsequent lumbar puncture.