Speech difficulties: Mutism

Altered mental status

Severe Cases

High fever

Stupor

Seizures

Disorientation

Spasticity

Coma (may proceed to death)

Ocular palsies

Paralysis

Diagnostic Evaluation

The diagnosis is made on the basis of clinical findings and, when possible, identification of the specific virus. Early in the course of encephalitis, CT scan results may be normal. Later, hemorrhagic areas in the frontotemporal region may be seen. Togaviruses (some of which were formerly labeled *arboviruses*) are rarely detected in the blood or spinal fluid, but viruses of herpes, mumps, measles, and enteroviruses may be found in the CSF. Serologic testing may be required. The first blood sample should be drawn as soon as possible after onset, with the second sample drawn 2 or 3 weeks later.

Therapeutic Management

Patients suspected of having encephalitis are hospitalized promptly for observation, including ICP monitoring. Only herpes simplex encephalitis has specific treatment available. In other cases, treatment is primarily supportive and includes conscientious nursing care, control of cerebral manifestations, and adequate