



## Keywords:

On admission, the patient had a Glasgow Coma Scale (GCS) of 10/12. Over the next 7 days, the patient's condition deteriorated, and she became comatose (GCS 5). On day 7, a decompressive craniectomy and partial temporal lobectomy were performed. The patient's intracranial pressure (ICP) was refractory to medical management. A craniectomy was performed on the left side of the head, and a partial temporal lobectomy was performed. The patient's ICP decreased, and she was extubated on day 10. She was discharged on day 14. The patient's postoperative course was unremarkable. She was discharged on day 14. The patient's postoperative course was unremarkable. She was discharged on day 14.

CSF analysis showed elevated protein and decreased glucose. Antigen detection for HSV was positive.

**Outcome**

The patient underwent a decompressive craniectomy and partial temporal lobectomy. Postoperative course was unremarkable with resolution of symptoms.

**Discussion**

Herpes simplex virus (HSV) encephalitis is a rare but devastating neurological condition. It is characterized by focal necrotizing encephalitis, often involving the temporal lobes. The diagnosis is typically confirmed by CSF analysis showing elevated protein, decreased glucose, and positive HSV antigen detection.

Management of HSV encephalitis involves high-dose intravenous acyclovir. In cases of refractory intracranial hypertension, decompressive craniectomy and partial temporal lobectomy may be necessary to reduce intracranial pressure and improve outcomes. The patient in this case responded well to surgical intervention.

Table 1 [12-28], decompressive craniectomy and partial temporal lobectomy for Herpes Simplex Virus Encephalitis with Refractory Intracranial Hypertension in an Adolescent. The case described here is a 15-year-old male with a 2-week history of fever, headache, and vomiting. He was initially treated with antibiotics and antiepileptics, but his symptoms worsened. MRI showed bilateral temporal lobe involvement. Despite medical treatment, his intracranial pressure remained refractory. Decompressive craniectomy and partial temporal lobectomy were performed, leading to a significant improvement in his symptoms and intracranial pressure.

Herpes Simplex Virus Encephalitis (HSE) is a rare but severe form of viral encephalitis. It is caused by the Herpes Simplex Virus (HSV), which is a common virus that most people have. HSE typically affects the temporal lobes of the brain. The clinical presentation is often characterized by fever, headache, and vomiting. In severe cases, it can lead to intracranial hypertension, which is a life-threatening condition. Decompressive craniectomy and partial temporal lobectomy are surgical procedures that can be performed to relieve the pressure and remove the affected tissue.

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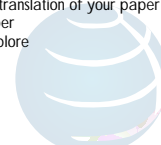
### References

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