RMN ill-defined hyperintense areas in pons, cerebellum, basal ganglia, right parietal subcortical white matter. suspected encephalitis retrovirus by areas of parenchymal signal alteration above and infratentorial level.

Three days later reduction in the number and extent of intraxial lesions above and infratentorial.

Results The clinical and resonancia were doing suspect herpes encephalopathy, so income at the start of treatment with intravenous acyclovir. When we receive negative results and the improvement of symptoms, treatment it was suspended treatment with acyclovir on the fifteenth day and start treating autoimmune encephalitis with five boluses of methylprednisolone one gram every 24 hours.

Conclusions The day of discharge was treated with 60 mg of prednisolone daily. the fever subsides completely within three days before discharge, and intention tremor persists discrete gait instability.

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KLIPPEL TREUNANAY SYNDROME IN DIFFERENTIAL DIAGNOSIS OF CEREBRAL PALSY

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In cerebral palsy (CP) atrophy of the paretic body half results in disturbed growth. Disturbed growth is also a feature of a rare disorder: Klippel Treunany syndrome (KTS). Here we report a child with an initial diagnosis of CP because of limpimg and thinning of the extremities on the right side who had a final diagnosis of KTS. Five year old male was admitted to our department of Pediatric Neurology. He had been followed up with the diagnosis of CP since he started walking because of limpimg and thinning of the extremities on the right side of his body. His perinatal and natal period was uneventful. Developmental milestones were normal. On physical examination hypertrophy of the left upper and lower extremities...