Reversible Splenial Lesion Associated with
*Staphylococcus aureus* Endocarditis

Kazushi Fukagawa, Michihiro Izumi, Kunihiro Higuchi and Yukihiko Adachi

**Key words:** clinically mild encephalitis/encephalopathy with a reversible splenial lesion (MERS), infective endocarditis, methicillin-sensitive *Staphylococcus aureus* (MSSA), magnetic resonance imaging

(Intern Med 52: 1147-1148, 2013)
(DOI: 10.2169/internalmedicine.52.9286)

Department of Internal Medicine, Kuwana West Medical Center, Japan
Received for publication November 6, 2012; Accepted for publication February 3, 2013
Correspondence to Dr. Kazushi Fukagawa, tw225kaz@gmail.com
A 36-year-old man presented with fever and consciousness disturbance (Glasgow coma scale: E4V3M5). A transthoracic echocardiogram showed vegetation on the anterior mitral valve (Picture 1A) and regurgitation (Picture 1B).

Magnetic resonance imaging revealed abnormal signals in the splenium of the corpus callosum (SCC). Diffusion-weighted and T2-weighted imaging demonstrated a high-intensity signal (Picture 2A, B) with a low apparent diffusion coefficient value (Picture 2C).

Two sets of blood cultures exhibited the growth of methicillin-sensitive \textit{Staphylococcus aureus} (MSSA); thus infective endocarditis (IE) caused by MSSA was diagnosed. The patient’s consciousness disturbance improved completely by day 3, and the SCC lesion disappeared by day 16 (Picture 2D-F).

Therefore, a cerebral microembolism with vegetation was excluded because microembolic lesions are generally irreversible.

Clinically mild encephalitis/encephalopathy with a reversible splenial lesion (MERS) is a clinico-radiological syndrome with an excellent prognosis (1).

To the best of our knowledge, this is the first report of MERS associated with IE caused by MSSA.

The authors state that they have no Conflict of Interest (COI).

\textbf{Reference}