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Short Communication Open Acces

Encephalopathy

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is prospecti e cohort stud as carried out during Januar 2018 to Januar 2020. An application check-list as designed based on the objects of the stud and as lled for all admitted patients. e age of all 100 participants ere 65 ears and o er consisting of 39 female and 61 male. Infectious causes ere responsible for febrile encephalopath in 94 patients, of hich 84% had an e tra-cranial infection and neuroinfectious process as detected in 10%. In a nonspeci c patholog referring to disorders that a ect the cerebral function and cause structural or functional changes in the brain. Being frequentl under diagnosed, especiall in the earl stages of clinical compromise in hich there is a clear predominance of selecti e eakness in long e ors of the ngers and forearms and quadriceps femoris before progression to scapular girdle, lo er limb distal groups and bulbar regions. ere are ell-established clinic pathological diagnostic criteria described b the European Neuromuscular Centre hich are currentl used to diagnose IBM ith clinical and research purposes. Being frequentl under diagnosed, especiall in the earl stages of clinical compromise in hich there is a clear predominance of selecti e eakness in long e ors of the ngers and forearms and quadriceps femoris before progression to scapular girdle, lo er limb distal groups and bulbar regions. In ammator m opathies represent the main group of acquired m opathies in the clinical practice ith a ell-established clinical, laboratorial, imaging and also therapeutical aspects related to the idiopathic and paraneoplastic pol m ositis and dermatom ositis. Despite of it's the designation and classi cation as an in ammator m opath b most of authors in the past. e Inclusion bod m opath or m ositis has been progressi el recogni ed as a chronic degenerati e muscle disease. e frequent changes regarding the pathoph siological processes ere the absence of the clinical response to a de nite specific therapeutic approach and the recognition of ne sporadic and hereditar clinical presentations are disclosing se eral heterogeneous facets about IBM comple it. Sporadic IBM represents the main acquired m opath in patients o er the age of about 50 ears. A ide range of infectious and non-infectious processes can induce encephalopath. Blood tests, CSF anal sis and imaging techniques can be used to distinguish the arious causes of encephalopath. Encephalopath is not limited onl to a specific entit. In addition, it as demonstrated that other etiologies such as inflammator c tokines or metabolic disorders ma contribute to febrile encephalopath. All mentioned disorders in pre ious studies ere also reported in the patients of this stud ith different pre alence rate.

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