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MEASLES-INDUCED SUBACUTE SCLEROSING PANENCEPHALITIS (DAWSON'S DISEASE): CLINICAL CHARACTERISTICS AND DIAGNOSTICS

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Introduction: Measles is characterized by high contagiousness. One of its rarest but most lethal complications is subacute sclerosing panencephalitis (SSPE), which primarily occurs in children and adolescents. The frequency among infected individuals is 1:10,000, while in vaccinated individuals, it is exceptionally rare (~1:500,000).

Pathogenesis and Course: The main feature of the disease is an atypically long, 6–15-year asymptomatic period between the contracted measles infection and the onset of panencephalitis. The persistence of the virus in neural tissues and the disruption of the immune response lead to progressively worsening psychoneurological damage. The clinical course includes 4 stages: behavioral changes and headaches, seizures, severe movement coordination disorders (ataxia, myoclonus), and coma caused by brainstem damage, leading to a fatal outcome (on average within 3 years).

Diagnostics: The diagnosis is based on the medical history, characteristic Radermecker complexes on the electroencephalogram (EEG), a sharply elevated titer of measles-specific IgG antibodies in the cerebrospinal fluid and blood, and demyelination revealed by MRI.

Conclusion: Panencephalitis represents the most severe complication of measles. Despite modern diagnostic methods, the disease is progressive and fatal, with universal vaccination remaining its only effective prevention measure.

Key words: measles, subacute sclerosing panencephalitis, Dawson's disease, diagnosis, vaccination