

Hyperosmolar Cerebral Tissue Contraction: Dehydrated Brain Sign

**Ortega-Santiesteban O^{1*}, Gil-Alfonso M², Rodríguez-Martínez ZR³
and Pinto-García JA⁴**

A 74 year-old male alcoholic patient was brought to hospital with acute confusional state and later stupor, after 2 weeks with asthenia and changes in behavior. A hyperosmolar non-ketotic hyperglycemia (glycemia: 86.5 mmol/L; sodium: 171 mEq/L) by a secondary diabetes due to acute pancreatitis. Vital support measures, i.v insulin infusion, i.v. hypotonic saline, and antibiotics were applied. Two computed tomography (CT) scans of the skull were obtained: when first admitted and after 48 hours of evolution. The former showed slight bilateral striatal hyper density, and the latter revealed a bilateral symmetrical retraction of cerebral tissue in frontal and temporal regions compared to the first one. The patient died of a pulmonary embolism a week later due to acute pancreatitis was detected.