This case report describes a patient who presented HSV1 encephalitis and CLL, followed by multifocal leucoencephalopathy suggestive of Multiple Sclerosis. This rare association may be very interesting to analyze, since multiple etiological factors or agents (mainly various viruses) are considered to be the
possible causes of MS, but up to now without definitive evidence.

The problem arisen by the authors that the first symptoms and MRI lesions may be considered the “onset” of HSV1 Encephalitis should be considered more extensively, since the MRI lesion pattern shown seems more typical of a CNS demyelinating disease than of viral encephalitis (are temporal lobes normal?). The notes of MRI Figure 1 describe “basal meningitis” (which is an atypical feature of MS); it would be interesting to see T1 Images post-Gadolinium demonstrating this finding. Unfortunatly the Oligoclonal Band synthesis were not examined at first CSF evaluation and 63 RBC were present with only 6 WBC (Traumatic Lumbar Puncture?) and a slight increase of the protein.

Moreover, no supratentorial lesions have Gd enhancement or aspects typically described in HSV Encephalitis at first MRI scans and the second MRI demonstrates an enlargement of the peritrigonal lesion to the corpus callosum and contralateral areas. Therefore, more details should be provided supporting the diagnosis of HSV1 encephalitis as the authors state in the discussion (it is possible that the initial illness was an early manifestation of MS with asymptomatic HSV1), although this case reporting CSF HSV1-PCR could be anyway considered as an MS onset (first episode) associated with HSV1 and LLC (first case report!).

Finally in the last part of “case presentation” the authors describes extensive cervical lymphadenopathy, but they do not describes any further evolution of both CLL and MS (which now we have and it would be useful to know).

Quality of written English: Acceptable

Declaration of competing interests:

'I declare that I have no competing interests'