ZIKA VIRUS-ASSOCIATED GUILLAIN-BARRÉ SYNDROME VARIANT IN HAITI

Zika virus is a single-stranded RNA virus (genus Flavivirus) transmitted by the Aedes mosquito and through sexual contact with infected individuals.¹,² Zika virus infection may be asymptomatic or may cause fever, rash, joint pain, conjunctivitis, myalgias, and headache.¹ Initially endemic to Africa and Asia, outbreaks in the Pacific Islands occurred in 2007 and 2013, and Central America, South America, and the Caribbean islands are currently in the midst of an epidemic. In both prior and current outbreaks of Zika,¹ an increased incidence of Guillain-Barré syndrome (GBS) has been reported.

We report a patient from Haiti who presented with the GBS variant facial diplegia with acral paresthesias and subsequently developed the features of Miller Fisher syndrome.

Case report. A 35-year-old man presented to his local hospital in Haiti in early January with acute onset of bifacial weakness and the sensation of “electrical currents” in his hands and feet. He reported headache, fever, nasal congestion, and eye pain several days before presentation, which had resolved at the time of onset of his neurologic symptoms. On examination, he had bilateral lower motor neuron-pattern peripheral nerves.¹,² There is specific molecular mimicry to antigens present by the Zika virus that leads to GBS, or whether there is a unique molecular mechanism of GBS in patients with Zika infection.

In many Zika-endemic regions, access to neurologists may be limited. Although typical GBS is generally easily recognized by nonneurologists, variants such as facial diplegia with acral paresthesias and Miller Fisher syndrome may not be readily identified as GBS. Surveillance efforts must therefore emphasize the potential variety of GBS presentations in order to define the true incidence of GBS in Zika-affected regions, characterize the association between Zika and GBS, and determine whether there is a unique molecular mechanism of GBS in patients with Zika infection.

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Author contributions: All authors contributed to the drafting and editing of the manuscript, as well as to the care of the patient.

Study funding: No targeted funding reported.

Disclosure: Dr. Berkowitz receives royalties from Clinical Pathophysiology Made Ridiculously Simple (Medmaster, Inc.) and The Improvising Mind (Oxford University Press), but reports no disclosures or conflicts of interest related to the manuscript. Dr. Kassavetis, Dr. Joseph, and Dr. Berkowitz have nothing to disclose.

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Neurology published online May 6, 2016
DOI 10.1212/WNL.0000000000002759

This information is current as of May 6, 2016

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