

Varicella zoster encephalitis mimicking stroke: a case report.

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BACKGROUND:

Several neurologic diseases, seen in the ER (emergency room), can be confused with acute ischemic stroke (AIS); especially as consequence of constraint time and diagnostic technology limitation. The rates of overdiagnosis of stroke in studies of consecutive patients vary from 19% to 31%. The two most common stroke mimics are hypoglycemia and seizure, but several etiologies have been reported. We reported the case of a 29-year-old patient presenting to the emergency department with aphasia and right-side paresthesias, initially suspected to have stroke and finally diagnosed of varicella-zoster encephalitis.

CASE REPORT:

A 29-years-old woman was admitted to our hospital at 9.10 p.m. because of the acute onset of slurred speech and right-side paresthesias at 5.00p.m..

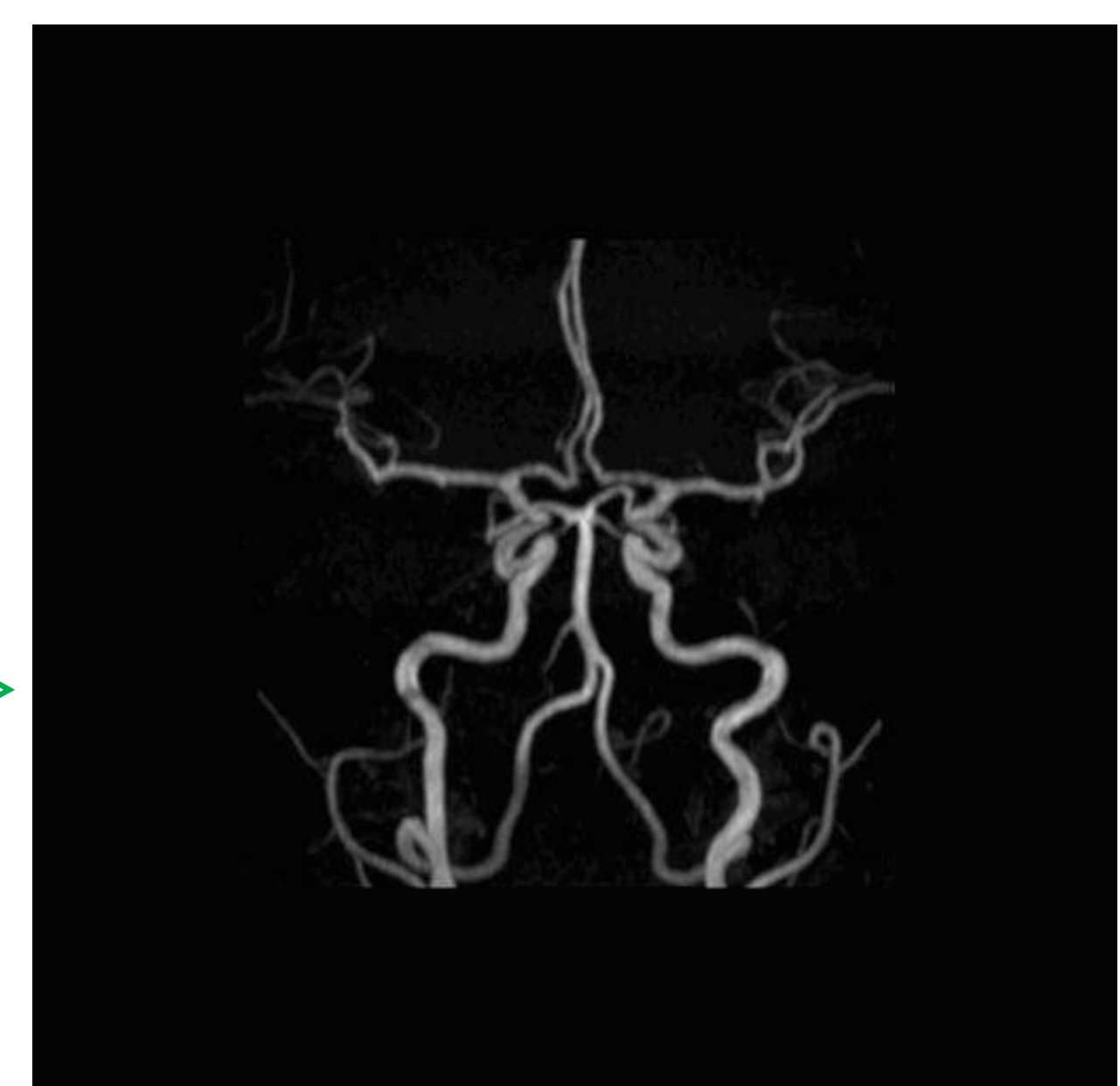
Three previous days, the patient's husband reported she had an episodic fever and headache improved with paracetamolo.

Medical history: negative

Clinical examination: normal vital signs, **poor comprehension, naming, and paraphasia.**



→ r-TPA e.v. → 9.30 p.m.: global aphasia and fever (T 38°C) →



☒ Reconsidered the diagnosis

☒ Lumbar puncture: positive VZV DNA PCR

☒ Brain MRI: normal

The patient was diagnosed with VZV encephalitis, even if the results of the human immunodeficiency virus (HIV) tests were negative. No history of any systemic illness, malignant neoplasm, or immunosuppressive treatment.

Treatment: acyclovir 800 mg every 5 hours for 10 days i.v., with a progressive neurological improving.

CONCLUSION: The diagnosis of VZV encephalitis should be considered in any case of central nervous disease, not only in the elderly or immunocompromised.

The absence of any rash as in the reported case should not be considered as evidence excluding the diagnosis of VZV encephalitis.

With increasing usage of thrombolysis in the treatment of AIS within 4.5-hour window, it is becoming more important to **recognize stroke mimics**, to avoid wrong thrombolytic treatment, which carries potential complications of bleeding.