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IMAGES IN INTENSIVE MEDICINE

Zika virus encephalitis☆

Encefalitis por virus Zika

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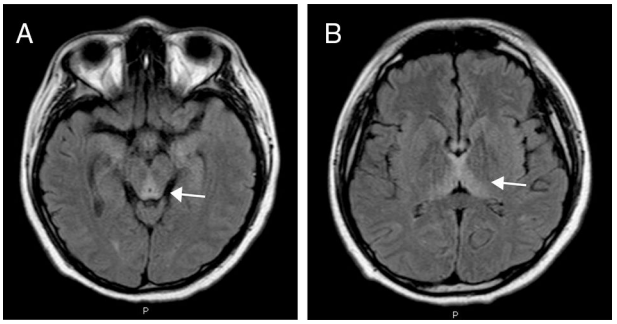
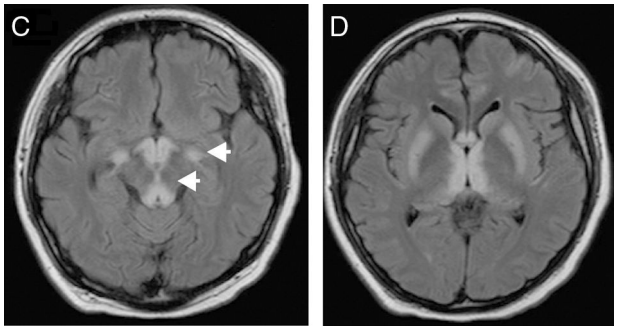


Figures 1 A and B Hyperintense lesions in brain-stem, fornix and bilateral thalamus.



Figures 2 C and D Progression of the lesions to cerebral peduncles and basal ganglia.

Twenty-three-year old male with a clinical history of biliary pancreatitis one month ago and one cholecystectomy one week ago who now shows clinical manifestations of fever, dizziness, confusion, and significant muscle weakness in lower limbs of two-day duration leading to his admission in the internal medicine unit. The physical examination showed signs of dehydration and postoperative complications were ruled out. Normal brain and abdominal CT scans. The next day, the patient develops drowsiness, quadriplegia, hyporeflexia followed by stupor and hemodynamical instability that leads to the patient's admission to the Intensive Therapy Unit; empirical treatment was started with meropenem and vancomycin. One brain MRI was conducted that confirmed the presence of one hyperintense lesion in the brainstem, fornix, and bilateral thalamus (Figs. 1 A and B, white arrows) without midline shift. The differential diagnosis included vasculitis, herpes, tuberculosis and toxoplasmosis. The biochemical and cytological analysis of the cerebrospinal fluid was nonspecific, and the molecular biology study conducted using the PCR method confirmed the presence of Zika virus ARN. Immunomodulating therapy was initiated with human immunoglobulin (IgG) and five (5) days later a new MRI was conducted that showed the progression of the lesions to cerebral peduncles and basal ganglia (Figs. 2 c and D, white arrows) followed by multiple organ dysfunction and death.

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