Zoster-associated multiple cranial neuropathies (ZAMCs): a case report.


* U.O Neurologia, Ospedali Civile di Fermo ** Clinica Neurologica, Ancona Torrette

Case report

A 40-year-old male developed a subacute onset of dysphonia, dysphagia and weakness of the right sternocleidomastoid and trapezius muscles. Five days after small vesicles appeared on the patient’s right ear. All blood exams were negative except for high titles of IgG varicella-zoster virus (VZV) and IgM VZV. MRI showed a right vagus nerve thickening in its intra-cisternal course with mild contrast enhancement. EMG-ENG exam revealed right spinal accessory nerve neuropathy with early partial denervation. The patient was treated with IV acyclovir 10 mg/kg 3 times daily with improvement of dysphonia and dysphagia.

Discussion

Until few years ago VZV was only considered as the causative agent of chickenpox and shingles. Over the last years, increased use of DNA viral research has brought to light a greater VZV tropism for the central nervous system rather than the skin. This is the first case report describing unilateral involvement of the XI cranial nerve associated with pharyngolaryngeal disturbances (IX and X cranial nerves) and skin lesions on the right ear in the absence of both hearing loss and facial palsy. Many neurological complications are attributed to VZV (cerebellitis, retinal necrosis, myelopathy, ZAMs, multiple cranial neuropathies) and others will be added to this list. For this reason, despite the lack of specific symptoms, the presence of the VZV should be researched in the CSF and blood in all cases of multiple cranial neuropathy and antiviral therapy should commence if a viral infection is suspected, even in the absence of skin lesions.

Bibliografia