

## **VARICELLA-ZOSTER VIRUS (VZV) ENCEPHALITIS IN AN IMMUNIZED PATIENT TREATED WITH FINGOLIMOD**

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**Introduction:** The sphingosine 1-phosphate receptor modulator fingolimod is the first per os therapy for relapsing multiple sclerosis (MS) with favourable tolerance and safety. The correlation between fingolimod and VZV infection probable due to reduction of the lymphocyte number in circulation. VZV antibody status has to be determined prior the initiation of treatment.

**Case-report:** A 50 year-old woman with MS was admitted with cranial polyneuritis, diffuse headache and drowsiness. The patient was switched to fingolimod in 2012 and has a history of chicken pox in childhood. Serum was positive for VZV IgG antibodies (472 U/L). A week before she had an episode of right-sided facial hemihypesthesia and vertigo. Neurological examination revealed: right facial and hypoglossal nerve palsy with ipsilateral skin vesicular eruption. Brain MRI was stable. Cerebrospinal fluid (CSF) showed 25 leukocytes (84% lymphocytes), protein 133mg/dl and glucose 64mg/dl (serum glucose: 150 mg/dl). CSF PCR for VZV was positive (viral ratio:  $5.8 \times 10^4$  copies/ml). The patient was treated with IV acyclovir for 21 days with an excellent clinical response.

**Conclusions:** The presence of high VZV IgG antibody titre minimized but did not exclude VZV infection. Though the average time between rash and onset of neurologic symptoms is brief, VZV cranial neuritis can imitate MS relapse. This possibility requires the strictly avoidance of IV corticosteroids in patients with recent facial palsy treated with fingolimod.