## POST-VARICELLA ACUTE INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY IN A 51-YEAR-OLD FILIPINO MALE

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Primary varicella zoster infection is commonly observed in school-aged children. There are increasing reports of adults being affected. Varicella zoster infection has a myriad of clinical complications. The more rare of these complications is Guillan Barre syndrome (GBS) or acute inflammatory demyelinating polyradiculoneuropathy (AIDP), with less than 50 cases in reported literature.

**Objectives:** Our aim is to highlight a rare case of post-varicella infection GBS happening in an adult.

Methods: This is a case report with a concise history and adequate ancillary work-up.

**Results:** We report a case of a 51-year-old Filipino male who presented with weakness and numbness of both upper and lower extremities two weeks after a primary varicella infection [Fig. 1]. CSF analysis for this patient showed elevation of CSF protein (69mg/dl). CSF Varicella virus IgG was 1.8 mIU/ml and IgM was at 1 mIU/ml. Nerve conduction velocity studies showed delayed latencies or absent response, prolonged conduction velocities or absent response, temporal dispersion, and partial conduction block at both median, ulnar, tibial [Fig. 2] and peroneal nerves [Table 1].

**Conclusion:** The objective finding in this case as well as the clinical history is indicative of a demyelinating sensorimotor polyneuropathy after a varicella infection.



Fig. 1. multiple generalized hyperpigmented lesions over the face and back.

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Fig 2. Delayed latency, temporal wave dispersion and absent F-wave response seen on the left tibial nerve.

Nerve Conduction Velocities Abnormalities							
	Motor	Sensory					
Delayed latencies or absent	Bilateral ulnar nerves	Bilateral median nerves					
response	Bilateral median nerves	Bilateral ulnar nerves					
	Peroneal nerves	Bilateral sural nerves					
	Tibial nerves	Bilateral superficial peroneal					
Prolonged conduction velocities	Bilateral median nerves	Bilateral median nerves					
or absent response	Bilateral ulnar nerves	Bilateral ulnar nerves					
	Bilateral peroneal nerves	Bilateral peroneal nerve					
	Bilateral tibial nerves	Bilateral sural nerves					
Temporal dispersion	Bilateral median nerves						
	Bilateral ulnar nerves						
	Bilateral peroneal nerves						
	tibial nerves						
Partial conduction block	Bilateral median nerves						
	Bilateral ulnar nerves						
	Bilateral peroneal nerves						
	Bilateral tibial nerves						
Prolonged or absent F wave	Tibial nerves						
response							
Absent H-reflex response	Tibial nerves						

Table 1. A summary of the nerve conduction velocity abnormalities in this patient