INTRODUCTION  Post varicella arterial ischemic stroke (AIS) is rare and usually a late complication, although it has been reported within the first week of illness. The anterior cerebral circulation and the basal ganglia are commonly affected. In Portugal, anti-varicella vaccine is commercialized but isn’t included in the national vaccination programme.

CASE REPORT

3 year-old £
β-thalassemia major
Bone marrow allotransplant previous year
Under cyclosporine treatment
No varicella immunization before transplant

VARICELLA

At day 2:
Ataxia
Speech alterations
Neurological examination:
Acute right hemiparesis
Right upper-limb dystonia and hyperreflexia
Right-sided central facial paralysis

STROKE

▶ Lumbar puncture
Limpid cerebrospinal fluid
Normal cytological exam (leucocytes 1.6/μL, glucose 76.9 mg/dL, proteins 20.9 mg/dL)
Negative culture
Positive PCR for varicella-zoster virus (VZV)

▶ Transcranial / cervical Doppler – normal

▶ Electroencephalography – normal

▶ Cardiologic evaluation – normal

▶ Pro-thrombotic study
Anti-β2-glycoprotein1
IgG+ IgM+ (205 U/mL)
Anti-cardiolipin
IgG+ (21.4GPL/mL), IgM+ (71.7MPL/mL)
Lupus anticoagulant +
All negative 12 days later

TRANSIENT ANTIPHOSPHOLIPID SYNDROME

▶ Cranial MRI basal ganglia infarction in the territory of the perforating branches of the left middle cerebral artery

TREATMENT
Acyclovir iv 1500 mg/m²/day (21 days)
Dipyridamole PO 4mg/kg/day (6 months)

6 MONTH FOLLOW-UP

▶ Residual right hemiparesis and dystonia, mainly brachial
▶ Normal Griffiths coefficient
▶ Normal speech evaluation
▶ Normal audiological evaluation

Acetylsalicylic acid 2,5 mg/Kg/day
Physiotherapy
Occupational therapy

CONCLUSIONS

• In immunocompromised patients with VZV vasculopathy, the gap between rash and neurological signs may be smaller with positive VZV-DNA in cerebrospinal fluid. Most of these events occur within 12 months after varicella infection.
• The transient antiphospholipid syndrome was secondary to the underlying infection and did not represent a pro-thrombotic risk factor, since it wasn’t verified later in the post infection period.
• Hypertonia, hyperreflexia and dystonia are uncommonly symptoms of cerebral infarction in the acute stage; therefore, obtaining history of recent varicella and performing a cranial MRI are crucial to the diagnosis.