

# Herpes Simplex Encephalitis

## Does Interferon care?

Teresa Painho<sup>1</sup>, José Pedro Vieira<sup>2</sup>, Rita Silva<sup>2</sup>, Carla Conceição<sup>3</sup>, Jean-Laurent Casanova<sup>4</sup>, Maria João Brito<sup>1</sup>

<sup>1</sup>Pediatric Infectious Diseases Unit, <sup>2</sup>Paediatric Neurology, <sup>3</sup>Neuroradiology

Head of Department: Gonçalo Cordeiro Ferreira. Department Hospital Dona Estefânia. CHLC - EPE, Lisbon, PORTUGAL

<sup>4</sup>Laboratoire de Génétique Humaine des Maladies Infectieuses, Faculté de Médecine Necker, Paris, FRANCE

### Introduction

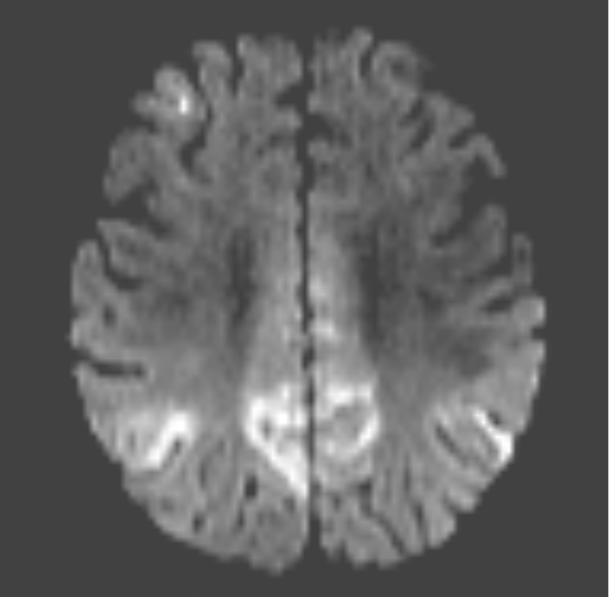
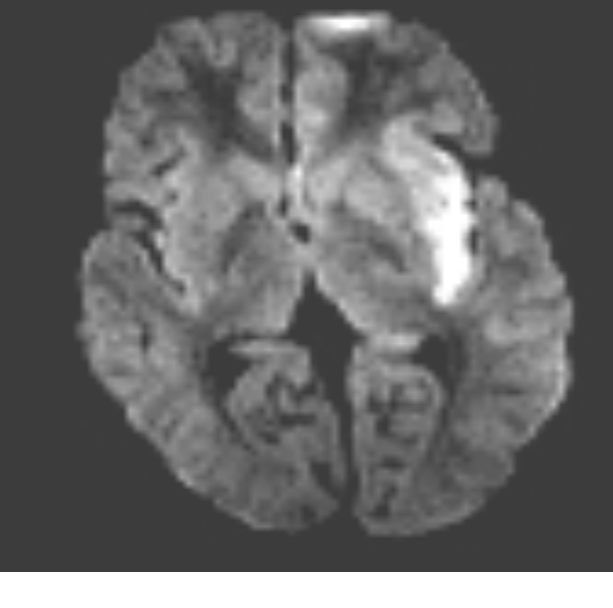
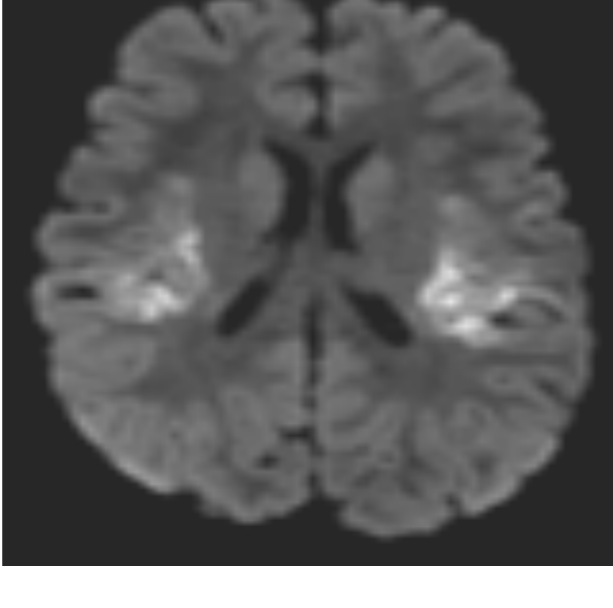
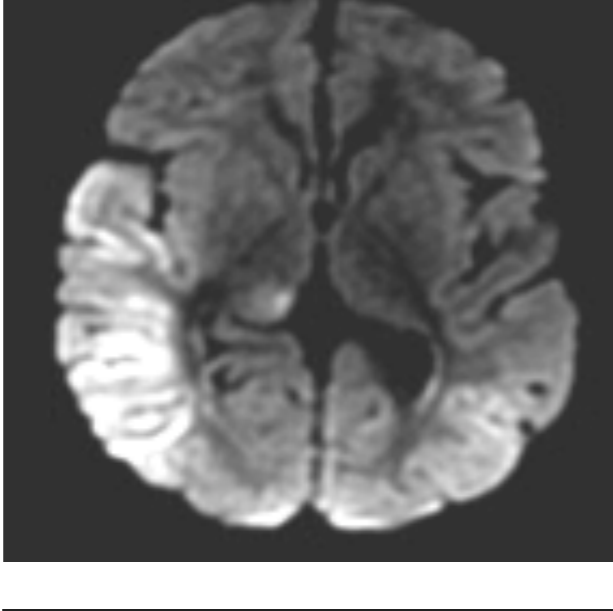
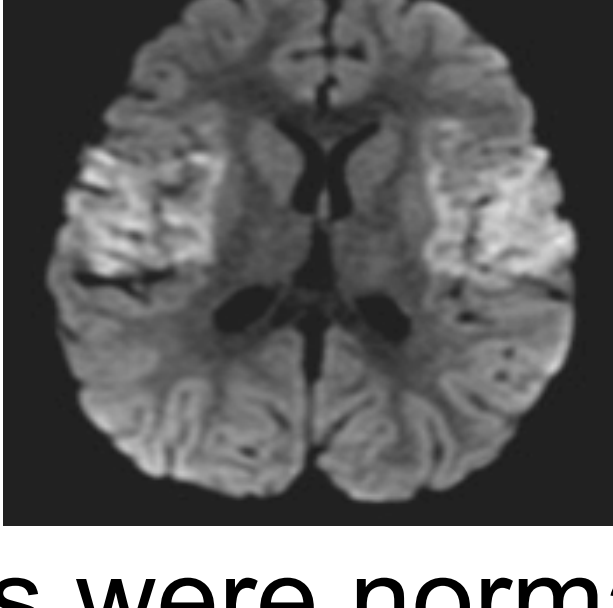
Herpes simplex encephalitis (HSE) is an acute, life-threatening disease, requiring prompt intervention. Defects of the TLR3-interferon (IFN) axis in the antiviral innate immune response against HSV-1 and defects of some genes of the TLR3 pathway (*TLR3*, *UNC93B1*, *TRAF3*, *TRIF*, *TBK1*) probably play an important role in HSE pathogenesis.

### Methods

Descriptive study between January 2007 and December 2012. HSV-1 was detected by PCR from CSF samples. PBMC and fibroblasts were studied for their IFN responses to TLR3, after stimulations of poly(I:C), that is thought to be TLR3-dependent and virus stimulations. Coding exons of the known HSE-associated genes were sequenced.

### Results n = 6

#### ALPHA INTERFERON 2B 10 MILION IU SUBCUTANEOUS

Patient	IFN treatment	Follow-up	Outcomes	Notes
<b>Patient 1</b> 8M, ♂ Acyclovir started on D3 IFN started on D18	IFN was <b>stopped</b> 7 days later for bicytopenia (Hb 6,3 g/dL, Neutrophils 450 mCL)	5,5 years follow-up	Severe global Developmental Delay	Started IFN <b>after</b> D7 Tetraparesis and cognitive delay
<b>Patient 2</b> 7M, ♀ Acyclovir started on D2 IFN started on D3		3 years follow-up	<b>NO SEQUELAE</b>	
<b>Patient 3</b> 11Y, ♂ Acyclovir started on D3 IFN started on D5		2,3 years follow-up	Minor behavior disorder	Lower tolerance for frustration <b>No motor or cognitive dysfunction.</b>
<b>Patient 4</b> 20M, ♀ Acyclovir started on D3 IFN started on D5		2,3 years follow-up	Moderate motor deficit	Right sided hemiparesis with pyramidal signs <b>No cognitive deficits</b>
<b>Patient 5</b> 12M, ♂ Acyclovir started on D2 IFN started on D3		2 years follow-up	Epilepsy Not severe	<b>No motor deficits</b> Cognitive function below average
<b>Patient 6</b> 11M, ♀ Acyclovir started on D7 IFN started on D7		1 year follow-up	Epilepsy Not severe	<b>No motor deficits</b>

Heretofore functional studies were normal EXCEPT for Patient 3 whose fibroblasts displayed impaired IFN-lambda production after stimulations of poly(I:C). No mutation was found in the sequenced coding exons of *UNC93B1*, *TLR3* and *TRAF3*.

### Conclusion

- None of the 5 patients who started IFN until the 7<sup>th</sup> day of illness had severe motor or cognitive sequelae.
- Only patient 1, who started IFN after the 7<sup>th</sup> day of illness, had the classic pattern of HSV encephalitis motor and cognitive sequelae
- In spite of the small size of the sample studied, our results suggest that IFN treatment should be considered in patients suffering from HSE.

### References