



NOROVIRUS ASSOCIATED ENCEPHALOPATHY

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BACKGROUND

Norovirus is one of the genera of the Calicivirus family there are five Known genogroups (GG I through V). ¹ It is one of the most common causes of gastoenteritis in both children and adults. ² Neurologic complications such as febrile seizures are rare, although more frequent than observed with infections with other enteric virus, such as rotavirus..^{1,2}Norovirus-associated encephalopathy is presumably rare, but

There is one reported case of encephalitis associated with positive PCR for norovirus in CSF.²

Other cases described presented with seizures or encephalopathy associated with negative CSF PCR for norovirus. There was a marked increase in CSF cytokynes, underlining the significance of inflammatory response versus direct nervous system invasion.¹

CASE PRESENTATION	WORKUP			
IDENTIFICATION: , 12 months of age	LABORATORY TESTS		MICROBIOLOGY	
PAST HISTORY: Pneumonia diagnosed 3 weeks before presentation (amoxicillin and clavulanic acid, followed by clarithromycin) Failure to thrive	Hb	10,9 g/dL	Blood cultures	NEGATIVE
	Leukocytes	11.200/μL	CSF culture	NEGATIVE
	CRP	0,11 mg/dL	Urine culture	NEGATIVE
	Immunoelectrop horesis	Negative	Serology for Mycoplasma	NEGATIVE
	CSF	5,6 cells/μL, 100% lymphocytes, glychorrachia	Western blot for Borrelia	NEGATIVE
PRESENTATION: 1.Diarrhea (3 weeks before admission)		80 mg/Dl (glycemia 82 mg/dL)	CSF RT PCR for norovirus	NEGATIVE
2.Vomiting (3 days before admission)		proteinorrachia 154 mg/dL	Stool RT PCR for	POSITIVE
3.Convergent strabismus (day of admission) 4.Imbalance (day of admission)	CSF IL-6	5,8 pg/mL (NORMAL)	norovirus /	





COMENTS

Here we present a case of a norovirus infection, associated with encephalopathy, with a normal neurological outcome and normal cytokyne levels in CSF, unlike previously described in some reports.² Similarly to a previous report, norovirus was not found in CSF samples.² Attending to the progressive emergence of this agent across the world, further studies are needed to clarify its pathogenicity and relevance in encephalopathy cases.¹

REFERENCES

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