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## Record 1

### Rapid Spread of Zika Virus in The Americas - Implications for Public Health Preparedness for Mass Gatherings at the 2016 Brazil Olympic Games

[Petersen E.](#), [Wilson M.E.](#), [Touch S.](#), [McCloskey B.](#), [Mwaba P.](#), [Bates M.](#), [Dar O.](#), [Mattes F.](#), [Kidd M.](#), [Ippolito G.](#), [Azhar E.I.](#), [Zumla A.](#)

*International Journal of Infectious Diseases* 2016 **44** (11-15)

#### Abstract

Mass gatherings at major international sporting events put millions of international travelers and local host-country residents at risk of acquiring infectious diseases, including locally endemic infectious diseases. The mosquito-borne Zika virus (ZIKV) has recently aroused global attention due to its rapid spread since its first detection in May 2015 in Brazil to 22 other countries and other territories in the Americas. The ZIKV outbreak in Brazil, has also been associated with a significant rise in the number of babies born with microcephaly and neurological disorders, and has been declared a 'Global Emergency' by the World Health Organization. This explosive spread of ZIKV in Brazil poses challenges for public health preparedness and surveillance for the Olympics and Paralympics which are due to be held in Rio De Janeiro in August, 2016. We review the epidemiology and clinical features of the current ZIKV outbreak in Brazil, highlight knowledge gaps, and review the public health implications of the current ZIKV outbreak in the Americas. We highlight the urgent need for a coordinated collaborative response for prevention and spread of infectious diseases with epidemic potential at mass gatherings events.

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#### Disease Terms

congenital malformation, epidemic, microcephaly, neurologic disease, neurological complication

#### Other Terms

awareness, Brazil, clinical feature, diagnostic procedure, disease surveillance, epidemiological monitoring, health hazard, human, **human activities**, nonhuman, prophylaxis, **public health campaign**, review, risk reduction, social interaction, social participation, **sporting event**, **virus**, virus transmission, Western Hemisphere, world health organization, **Zika virus**

#### Author Keywords

Arboviruses, Brazil, Mass Gatherings, Olympics, Sporting events, Zika virus

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Publication Type	Review
Page Range	11-15
Country of Author	Denmark
Country of Source	Netherlands
Language of Article	English
Language of Summary	English
Publisher Item Identifier	S1201971216000217
Embase Accession Number	20160122913
Number of References	65
Cited by in Scopus	

## Record 2

### Resources and latest news about zika virus disease available from ECDC

Eurosurveillance 2016 21:5

#### Abstract

#### Disease Terms

congenital malformation, epidemic, microcephaly, neurologic disease, **virus infection**

#### Other Terms

human, nonhuman, note, risk assessment, **virus**, **Zika virus**, **Zika virus infection**

#### Author Address

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Publication Type	Note
Page Range	
Country of Source	Sweden
Language of Article	English
Embase Accession Number	20160111885
Number of References	4
Cited by in Scopus	

## Record 3

### The next steps on Zika

Nature 2016 530:7588 (5)

#### Abstract

#### Disease Terms

**congenital malformation**, epidemic, microcephaly

#### Other Terms

Aedes aegypti, Aedes albopictus, Brazil, Brazilian, editorial, human, infection control, priority journal, scientist, vector control, **virus**, **Zika virus**

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Publication Type	Editorial
Page Range	5
Country of Source	United Kingdom
Language of Article	English
Embase Accession Number	20160103587
Cited by in Scopus	

## Record 4

### Zika virus outbreaks in Asia and South America

[Brown C.](#)

**CMAJ** 2016 **188**:2 (E34)

#### Abstract

#### Disease Terms

**epidemic**, fever, Guillain Barre syndrome, microcephaly, muscle weakness, rash, **virus infection**, **Zika virus infection**

#### Other Terms

Asia, Brazil, Canada, Canadian, fatality, human, mosquito, nonhuman, note, public health, South America, symptomatology, Thailand, virus, Zika virus

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Abbreviated Journal Title	CMAJ
ISSN	14882329 (electronic), 08203946
CODEN	CMAJA
Source Type	Journal
Source Publication Date	2016-02-02
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Publication Type	Note
Page Range	E34
Country of Author	Canada
Country of Source	Canada
Language of Article	English
Embase Accession Number	20160107949
Cited by in Scopus	

## Record 5

### ZIKA virus circulates in new regions

[Attar N.](#)

**Nature Reviews Microbiology** 2016 **14**:2 (62)

#### Abstract

#### Disease Terms

**epidemic**, **microcephaly**

#### Other Terms

Aedes, Brazil, Cape Verde, **Flavivirus**, human, newborn mortality, nonhuman, note, priority journal, South and Central America, **zika virus**

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Publication Type	Note
Page Range	62
Country of Source	United Kingdom
Language of Article	English
Embase Accession Number	20160054995
Cited by in Scopus	

## Record 6

### Zika virus: Brazil's surge in small-headed babies questioned by report

[Butler D.](#)

Nature 2016 530:7588 (13-14)

#### Abstract

#### Disease Terms

epidemic, fever, headache, **microcephaly**, mosquito bite, rash, **virus infection**

#### Other Terms

Aedes, Brazil, human, note, pregnant woman, priority journal, **virus**, world health organization, **Zika virus**, **Zika virus infection**

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Publication Type	Note
Page Range	13-14
Country of Source	United Kingdom
Language of Article	English
Embase Accession Number	20160103271
Cited by in Scopus	

## Record 7

### Zika virus and the risk of imported infection in returned travelers: Implications for clinical care

[Goorhuis A.](#), [von Eije K.J.](#), [Douma R.A.](#), [Rijnberg N.](#), [van Vugt M.](#), [Stijns C.](#), [Grobusch M.P.](#)

[Article in Press] **Travel Medicine and Infectious Disease** 2016

#### Abstract

Since late 2015, an unprecedented outbreak of Zika virus is spreading quickly across Southern America. The large size of the current outbreak in The Americas will also result in an increase in Zika virus infections among travelers returning from endemic areas. We report five cases of imported Zika virus infection to The Netherlands. Although the clinical course is usually mild, establishing the diagnosis is important, mainly because of the association with congenital microcephaly and the possibility of sexual transmission.

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#### Disease Terms

**infection**, microcephaly, virus infection

#### Other Terms

clinical article, diagnosis, disease course, human, Netherlands, sexual transmission, **travel**, **virus**, Western Hemisphere

#### Author Keywords

Case series, Microcephaly, Sexual transmission, Travel, Zika virus

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ISSN	18730442 (electronic), 14778939
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Source Publication Date	2016-01-19
Entry Date	2016-02-19 (Article in Press)
Publication Type	Article in Press
Country of Source	United States
Language of Article	English
Language of Summary	English
Publisher Item Identifier	S1477-8939(16)00010-7
Embase Accession Number	20160126965
Cited by in Scopus	

**Record 8****Zika without symptoms in returning travellers: What are the implications?**

[Ginier M.](#), [Neumayr A.](#), [Günther S.](#), [Schmidt-Chanasit J.](#), [Blum J.](#)  
 [Article in Press] **Travel Medicine and Infectious Disease** 2016

**Abstract**

Against the background of the emergence and rapid spread of Zika virus (ZIKV) in the Americas, we report the case of an afebrile ZIKV infection in a traveller returning from Central America to highlight relevant clinical and diagnostic aspects. ZIKV should be considered in the differential diagnosis of patients with clinical symptoms suggestive of dengue or chikungunya fever. Given the frequent subfebrile and afebrile manifestations of ZIKV infections, we propose abstaining from the term "Zika fever (ZF)" in favour of "Zika virus disease (ZVD)". Owing to its unspecific clinical presentation and cross-reactivity in serological assays, ZVD may easily be missed or misdiagnosed as dengue fever. Until conclusive data on the currently suspected link between ZIKV infection in pregnancy and foetal microcephaly become available, pregnant women and women who are trying to become pregnant should be advised against travelling to regions with ongoing ZIKV transmission. In addition, male travellers returning from regions with ongoing transmission should be informed of the potential risk of sexual transmission until conclusive data on the significance of this mode of transmission become available. Although probably low and seasonally restricted, there is a risk of ZIKV importation to Aedes mosquito-infested regions in temperate climates (including regions of North America and Europe) with consecutive autochthonous transmission.

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**Disease Terms**

chikungunya, dengue, microcephaly

**Other Terms**

Aedes, case report, Central America, climate, cross reaction, differential diagnosis, Europe, female, fetus, human, male, North America, pregnancy, pregnant woman, sexual transmission, **symptom**, **travel**, virus transmission

**Author Keywords**

Flavivirus infection, Travel medicine, Zika virus

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Country of Source	United States
Language of Article	English
Language of Summary	English
Publisher Item Identifier	S1477-8939(16)00014-4
Embase Accession Number	20160120216
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Record 9

Zika virus in Brazil and macular atrophy in a child with microcephaly

[Ventura C.V.](#), [Maia M.](#), [Bravo-Filho V.](#), [Góis A.L.](#), [Belfort R.](#)  
**The Lancet** 2016 **387:10015** (228)

Abstract

**Drug Terms**  
visual pigment

**Disease Terms**  
arthralgia, brain calcification, **Flavivirus infection**, **macular degeneration**, **microcephaly**, rash, **Zika virus infection**

**Other Terms**  
biomicroscopy, Brazil, case report, child, computer assisted tomography, eye fundus, **Flavivirus**, human, letter, **macular neuroretinal atrophy**, ophthalmoscopy, prevalence, priority journal, **Zika virus**

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Publication Type	Letter
Page Range	228
Country of Author	Brazil
Country of Source	United Kingdom
Language of Article	English
Publisher Item Identifier	S0140673616000064
Embase Accession Number	20160024391
Number of References	5

**Record 10****Zika virus infection in a traveller returning from the Maldives, June 2015**

[Korhonen E.M.](#), [Huhtamo E.](#), [Smura T.](#), [Kallio-Kokko H.](#), [Raassina M.](#), [Vapalahti O.](#)  
**Eurosurveillance** 2016 **21**:2

**Abstract**

We report a Zika virus (ZIKV) infection in a patient with fever and rash after returning to Finland from Maldives, June 2015. The patient had dengue virus (DENV) IgG and IgM antibodies but pan-flavivirus RT-PCR and subsequent sequencing showed presence of ZIKV RNA in urine. Recent association of ZIKV with microcephaly highlights the need for laboratory differentiation of ZIKV from DENV infection and the circulation of ZIKV in areas outside its currently known distribution range.

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**Disease Terms**

arthralgia, eye pain, fever, microcephaly, rash, [virus infection](#), [zika virus infection](#)

**Other Terms**

adult, article, case report, Dengue virus, enzyme linked immunosorbent assay, gene sequence, human, immunofluorescence test, male, phylogenetic tree, reverse transcription polymerase chain reaction, sequence alignment, travel, urinalysis

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Country of Author	Finland
Country of Source	Sweden
Language of Article	English
Language of Summary	English
Embase Accession Number	20160087408
Number of References	33
Cited by in Scopus	

**Record 11****Zika virus: A new global threat for 2016**

**The Lancet** 2016 **387**:10014 (96)

**Abstract****Drug Terms**

[envelope protein](#)

**Disease Terms**

chikungunya, dengue, fever, microcephaly, rash, [virus infection](#)

**Other Terms**

**Aedes aegypti**, editorial, genotype, human, phylogeny, priority journal, **virus**, **Zika virus**

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**Additional Information**

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Publication Type	Editorial
Page Range	96
Country of Source	United Kingdom
Language of Article	English
Publisher Item Identifier	S0140673616000143
Embase Accession Number	20160035374
Cited by in Scopus	

**Record 12****Autophagy and viral diseases transmitted by *Aedes aegypti* and *Aedes albopictus***

[Carneiro L.A.M.](#), [Travassos L.H.](#)

[Article in Press] **Microbes and Infection** 2016

**Abstract**

Despite a long battle that was started by Oswaldo Cruz more than a century ago, in 1903, Brazil still struggles to fight *Aedes aegypti* and *Aedes albopictus*, the mosquito vectors of dengue virus (DENV), Chikungunya virus (CHIKV) and Zika virus (ZIKV). Dengue fever has been a serious public health problem in Brazil for decades, with recurrent epidemic outbreaks occurring during summers. In 2015, until November, 1,534,932 possible cases were reported to the Ministry of Health [1]. More recently, the less studied CHIKV and ZIKV have gained attention because of a dramatic increase in their incidence (around 400% for CHIKV) and the association of ZIKV infection with a 11-fold increase in the number of cases of microcephaly from 2014 to 2015 in northeast Brazil (1761 cases until December 2015) [1]. The symptoms of these three infections are very similar, which complicates the diagnosis. These include fever, headache, nausea, fatigue, and joint pain. In some cases, DENV infection develops into dengue hemorrhagic fever, a life threatening condition characterized by bleeding and decreases in platelet numbers in the blood. As for CHIKV, the most important complication is joint pain, which can last for months. © 2016 Institut Pasteur.

**Disease Terms**

arthralgia, bleeding, epidemic, fatigue, headache, microcephaly, nausea, **virus infection**

**Other Terms**

**Aedes aegypti**, **Aedes albopictus**, attention, **autophagy**, Brazil, Dengue virus, diagnosis, disease carrier, human, major clinical study, public health problem, summer, symptom, thrombocyte count

**Author Keywords**

*Aedes aegypti*, Autophagy, Chikungunya virus, Dengue virus, Zika virus

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Publication Type	Article in Press
Country of Source	France
Language of Article	English
Language of Summary	English
Publisher Item Identifier	S1286-4579(16)00004-6
Embase Accession Number	20160100622
Cited by in Scopus	

## Record 13

### Increase in cases of guillain-barré syndrome during a chikungunya outbreak, French Polynesia, 2014 to 2015

[Oehler E.](#), [Fournier E.](#), [Leparc-Goffart I.](#), [Larre P.](#), [Cubizolle S.](#), [Sookhareea C.](#), [Lastère S.](#), [Ghawche F.](#)

**Eurosurveillance** 2015 **20:48** Article Number 30079

#### Abstract

During the recent chikungunya fever outbreak in French Polynesia in October 2014 to March 2015, we observed an abnormally high number of patients with neurological deficit. Clinical presentation and complementary exams were suggestive of Guillain-Barré syndrome (GBS) for nine patients. All nine had a recent dengue-like syndrome and tested positive for chikungunya virus (CHIKV) in serology or RT-PCR. GBS incidence was increased four- to nine-fold during this period, suggesting a link to CHIKV infection.

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#### Disease Terms

**chikungunya, Guillain Barre syndrome**

#### Other Terms

adult, article, cerebrospinal fluid analysis, computer assisted tomography, electromyography, electrophysiological procedures, female, glucose blood level, human, intensive care unit, length of stay, lumbar puncture, major clinical study, male, middle aged, nuclear magnetic resonance imaging, reverse transcription polymerase chain reaction, serology

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Page Range	
Country of Author	French Polynesia
Country of Source	Sweden
Language of Article	English
Language of Summary	English
Embase Accession Number	20151017464
Article Number	30079
Number of References	8
Cited by in Scopus	<a href="#">0</a>

## Record 14

**Zika virus: A new chapter in the history of medicine**Brito C.**Acta Medica Portuguesa** 2015 **28:6** (679-680)**Abstract****Disease Terms**

congenital infection, encephalomyelitis, Guillain Barre syndrome, meningoencephalitis, microcephaly, **virus infection**

**Other Terms**

article, Brazil, disease association, **Flaviviridae**, human, neurotropism, pregnancy, **Zika virus**

**Author Keywords**

Aedes, Arboviruses, Flaviviridae Infections, Flavivirus

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Abbreviated Journal Title	Acta Med. Port.
ISSN	16460758 (electronic), 0870399X
CODEN	AMPOD
Source Type	Journal
Source Publication Date	2015-11-01
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Publication Type	Article
Page Range	679-680
Country of Author	Brazil
Country of Source	Portugal
Language of Article	English
Embase Accession Number	20160008395
Number of References	5
Cited by in Scopus	

**Record 15****Zika virus: A review to clinicians**Pinto Junior V.L., Luz K., Parreira R., Ferrinho P.**Acta Medica Portuguesa** 2015 **28:6** (760-765)**Abstract**

Zika virus is a flavivirus related to Dengue virus, yellow fever virus and West Nile virus. It is considered an emerging arbovirus transmitted by mosquitos of the genus Aedes. Its first description took place in 1947 in the Zika Forest in Uganda, isolated on Rhesus monkey used as bait to study the yellow fever virus. Sporadic cases have been detected in African countries and at the end of the 70's in Indonesia. In 2007, epidemics were described in Micronesia and other islands in the Pacific Ocean and more recently in Brazil. Clinical picture is characterized as a 'dengue-like' syndrome, with abrupt onset of fever and an early onset evanescent rash, often pruritic. Occasionally the disease has been associated with Guillain-Barré syndrome. Nevertheless, until now deaths and complications caused by the disease were not reported. The diagnosis can be performed by PCR or by IgG and IgM antibodies detection. The rapid spread of the virus and its epidemic potential are especially problematic in countries where there are the circulation of other arboviruses which imposes difficulties in the differential diagnosis and healthcare burden. Control measures are the same recommended for dengue and chikungunya which are based in health education and vector control.  
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**Drug Terms**

immunoglobulin G, immunoglobulin M

**Disease Terms**

epidemic, fever, Guillain Barre syndrome, rash

### Other Terms

Aedes, antibody detection, **Arbovirus**, article, differential diagnosis, health education, human, infection control, nonhuman, polymerase chain reaction, rhesus monkey, virus transmission, Yellow fever virus, **zika virus**

### Author Keywords

Aedes, Arboviruses, Flaviviridae infections, Flavivirus

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Source Publication Date	2015-11-01
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Publication Type	Article
Page Range	760-765
Country of Author	Brazil
Country of Source	Portugal
Language of Article	Portuguese
Language of Summary	English, Portuguese
Embase Accession Number	20160008409
Number of References	53
Cited by in Scopus	
CAS Registry Numbers	immunoglobulin G ( <a href="#">97794-27-9</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> )

### Record 16

### Manifestations of dengue fever: A hospital based study

[Jain P.](#), [Kuber D.](#), [Garg A.K.](#), [Sharma G.D.](#), [Agarwal A.K.](#)

**Journal, Indian Academy of Clinical Medicine** 2015 **16:3-4** (204-208)

### Abstract

Introduction: Dengue viral infection has become a significant tropical disease with increased recognition of atypical manifestations apart from the classical clinical features. This study outlines the evolving clinical spectrum of dengue with special emphasis on unusual manifestations. Methodology: Data of 114 IgM dengue antibody-confirmed cases was collected, compiled, and analysed. Result: The outbreak was affecting mostly the younger age group with male preponderance. 7 cases had dengue without warning signs (D), 107 cases had dengue with warning signs (DW), and 16 cases had severe dengue (SD). Most common symptoms apart from fever and headache were gastrointestinal symptoms like abdominal pain, vomiting, and diarrhoea. Liver injury was almost universally present in the form of transaminitis. Atypical features were seen in 8.77% cases. Platelet count did not correlate exactly with severity of bleeding. Overall recovery rate was good. 2(1.75%) patients succumbed to multiorgan failure and shock. Conclusion: Dengue illness may have a non-specific and varied presentation, thus mandating its screening in febrile illness especially during the post-monsoon period. The elucidation of the exact clinical profile is important for patient management.

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### Drug Terms

[alanine aminotransferase](#), [aspartate aminotransferase](#), [bilirubin](#), [creatinine](#), [immunoglobulin M](#)

### Disease Terms

abdominal pain, bleeding, **dengue**, diarrhea, encephalitis, fever,

Guillain Barre syndrome, headache, hypertransaminasemia, liver injury, multiple organ failure, myocarditis, respiratory distress syndrome, shock, vomiting

Other Terms

adult, article, enzyme linked immunosorbent assay, female, human, major clinical study, male, thrombocyte count

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Page Range	204-208
Country of Source	India
Language of Article	English
Language of Summary	English
Embase Accession Number	20160025730
Number of References	30
Cited by in Scopus	
CAS Registry Numbers	alanine aminotransferase ( <a href="#">9000-86-6</a> , <a href="#">9014-30-6</a> ) aspartate aminotransferase ( <a href="#">9000-97-9</a> ) bilirubin ( <a href="#">18422-02-1</a> , <a href="#">635-65-4</a> ) creatinine ( <a href="#">19230-81-0</a> , <a href="#">60-27-5</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> )

Record 17

Fatal Guillain-Barre Syndrome (GBS) in Dengue

[Mishra V.](#), [Harbada R.](#), [Sharma A.](#)

The Journal of the Association of Physicians of India 2015 63:6 (94-96)

Abstract

Disease Terms

complication, dengue, [Guillain Barre syndrome](#)

Other Terms

case report, fatality, female, human, middle aged

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Additional Information	
Abbreviated Journal Title	J Assoc Physicians India
ISSN	00045772
Source Type	Journal
Source Publication Date	2015-06-01
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Page Range	94-96
Country of Source	India
Language of Article	English
MEDLINE PMID	<a href="#">26710416</a>
Cited by in Scopus	

Record 18

Role of manganese in hepatolenticular degeneration: Another perspective of epatic encephalopathy case report

[Rebolledo D.](#), [Espay A.](#), [Contreras S.](#), [Rebolledo Z.](#), [Esquivel J.](#)

Movement Disorders 2015 30 SUPPL. 1 (S326)

Abstract

Objective: Not Wilsonian Hepatolenticular degeneration is a chronic encephalopathy having an engine extrapyramidal clinical spectrum due to dysfunction of the basal ganglia in the context of severe liver disease. There is strong evidence that manganese deposits are associated with extrapyramidal phenotype that develops a subgroup of patients with hepatic encephalopathy. Therefore the neurological semiology has a valuable role in the search engine spectrum involving nigrostriatal system dysfunction in patients with liver cirrhosis with risk factors such as iron deficiency anemia and portosystemic shunt. Background: Male of 61 years old bearer with Child Pugh C liver failure and esophageal varices. 3 months before prior dengue hemorrhagic fever; six weeks after debuted with Guillain Barre syndrome. Refers to present for two months resting tremor in his right hand which is aggravated by periods of stress and disappear during sleep, which then progresses to the contralateral hand and axial; also presented decreased facial gestures and difficulty performing rapid alternating movements straight and curving in the last 4 weeks; integrating a picture of Parkinsonism. Methods: In studies of serum, ammonia requested extension 60 µg (15-45 µg/dl) was found, serum Mn: 2450 mg (0.824 to 1.648 mg/ dl), serum copper 3 µg (1-4 µg/dl) and urinary copper 24 hrs: 25 mg (20-50 µg/dl) ceruloplasmin 24 µg (25-65 µg/dl), all other exams were normal. Results: With the analysis of the findings in the semiological, biochemical and neurophysiological results we made the diagnosis of non-Wilsonian hepatolenticular degeneration. It is emphasized that the patient had sequelae of paralysis of Landry previously presented, but no correlation between clinical and peripheral extrapyramidal affectation was found, so we believe that these entities don't have a common pathophysiologic link; current findings in the last hematic biometry add to the prior existence of shunt shown in esophageal varices two key points that could accelerate manganese deposits in the basal ganglia, and progressive Parkinsonism presented by the patient. Conclusions: There is evidence that the manganese deposits in the basal ganglia interfere with modulation of GABAergic and dopaminergic systems synergistically with ammonium glutamate leads to a state of neurodegeneration, with different pathophysiological idiopathic Parkinson's disease.

Drug Terms

manganese, ammonia, copper, ceruloplasmin, glutamic acid

Disease Terms

Wilson disease, motor dysfunction, Parkinson disease, parkinsonism, esophagus varices, iron deficiency anemia, liver cirrhosis, liver disease, Guillain Barre syndrome, dengue, hepatic encephalopathy, tremor, nerve degeneration, liver failure, paralysis, brain disease

Device Terms

portosystemic anastomosis

Other Terms

human, case report, patient, basal ganglion, male, phenotype, risk factor, nigrostriatal system, sleep, gesture, serum, search engine, symptom, ammonia blood level, copper blood level, diagnosis, dopaminergic system, modulation, biometry, child

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Additional Information	
Abbreviated Journal Title	Mov. Disord.
ISSN	08853185
Source Type	Journal
Conference Name	19th International Congress of Parkinson's Disease and Movement Disorders
Conference Location	San Diego, CA, United States
Conference Date	2015-06-14 to 2015-06-18
Source Publication Date	June 2015
Entry Date	2015-08-08 (Full record)
Publication Type	Conference Abstract
Page Range	S326
Country of Author	Mexico
Language of Article	English
Language of Summary	English
Cited by in Scopus	

Record 19

Neurological manifestations in dengue seropositive patients

Kumar N., Gupta G., Agrawal K., Garq A.  
**Neurology** 2015 **84** SUPPL. 14

### Abstract

**OBJECTIVE:**To study the incidence and spectrum of neurological manifestations in dengue seropositive patients. **BACKGROUND:**Dengue is an infectious disease caused by a flavivirus. It is an acute febrile illness causing considerable morbidity and mortality. The neurological complications in dengue has been hypothesized through three different pathogenic mechanisms: (1) direct neurotropic effects leading to encephalitis, meningitis, myelitis and myositis (2) indirect effects due to metabolic complications resulting in encephalopathy and cerebrovascular complications due to thrombocytopenia and platelet dysfunction and (3) postinfectious immunemediated acute disseminated encephalomyelitis, Guillain Barré syndrome and optic neuritis. **DESIGN/METHODS:**This was a descriptive cross sectional study including seropositive patients diagnosed with Dengue fever (DF), Dengue with warning signs and Severe Dengue with neurological manifestations presenting to Medicine Department of LLR Hospital,Kanpur. **RESULTS:**10 (2.6[percnt]) patients had neurological manifestations out of 383 seropositive patients. Out of ten, nine patients were male and only one patient was female. Among them 10[percnt] patients come under category of classical dengue fever, 10[percnt] patients suffered from dengue with warning signs and 80[percnt] with severe dengue .4 patients had encephalopathy,3 other patients had encephalitis , 2 patients presented with single episode of symptomatic generalized seizure and 1 patient presented as having an intra cranial hemorrhage. **CONCLUSIONS:** Neurological manifestations of dengue are manifold and it is necessary to consider dengue as a cause for the above neurological presentations in endemic zones of the disease.

### Disease Terms

**dengue**, brain disease, encephalitis, infection, meningitis, neurological complication, acute disseminated encephalomyelitis, myelitis, myositis, thrombocyte dysfunction, thrombocytopenia, diseases, optic neuritis, tonic clonic seizure, bleeding

### Other Terms

**patient**, **human**, **American**, **neurology**, mortality, male, morbidity, hospital, cross-sectional study, Flavivirus, female

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Abbreviated Journal Title	Neurology
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Source Type	Journal
Conference Name	67th American Academy of Neurology Annual Meeting, AAN 2015
Conference Location	Washington, DC, United States
Conference Date	2015-04-18 to 2015-04-25
Source Publication Date	2015-04-06
Entry Date	2015-06-29 (Full record)
Publication Type	Conference Abstract
Page Range	
Language of Article	English
Language of Summary	English
Cited by in Scopus	

### Record 20

### Guillain-Barré syndrome complicating dengue fever: Two case reports

[Boo Y.L.](#), [Aris M.A.M.](#), [Chin P.W.](#), [Sulaiman W.A.W.](#), [Basri H.](#), [Hoo F.K.](#)  
 [Article in Press] **Tzu Chi Medical Journal** 2015

### Abstract

Guillain-Barré syndrome is a rare neurological manifestation associated with dengue infection. More common antecedent infections include Campylobacter jejuni and Cytomegalovirus infection. Here, we report two cases of Guillain-Barré syndrome complicating dengue infection.  
 © 2015.

### Disease Terms

**dengue**, **syndrome**

### Other Terms

case report, human

**Author Keywords**

Acute motor axonal neuropathy, Dengue, Guillain-Barré syndrome

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Abbreviated Journal Title	Tzu Chi Med. J.
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Source Type	Journal
Source Publication Date	2015-03-27
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Publication Type	Article in Press
Country of Source	Taiwan
Language of Article	English
Language of Summary	English
Publisher Item Identifier	S1016-3190(15)00089-0
Embase Accession Number	2015555174
Cited by in Scopus	<a href="#">0</a>

**Record 21****Central nervous system and muscle involvement in dengue patients: A study from a tertiary care center**[Misra U.K.](#), [Kalita J.](#), [Mani V.E.](#), [Chauhan P.S.](#), [Kumar P.](#)**Journal of Clinical Virology** 2015 **72** (146-151)**Abstract**

Background: Neurological involvement in dengue virus (DENV) infection is being increasingly reported. There is paucity of studies evaluating the relative frequency of central nervous system (CNS) and muscle involvement in dengue. Objectives: To evaluate the frequency and prognosis of neurological and muscle involvement in dengue, and correlate these with dengue subtypes. Study design: Consecutive dengue patients were included, and their clinical features, laboratory investigations and cerebrospinal fluid (CSF) findings were recorded. Cranial MRI was done in unconscious patients and electromyography and nerve conduction study in patients with flaccid weakness. Patients were categorized into encephalopathy, encephalitis, immune mediated and dengue associated muscle dysfunction (DAMD). Outcome at 1 month and its predictors were evaluated. Results: 116 patients aged 5-70 years were included; 82 had dengue fever (DF), 18 had dengue hemorrhagic fever (DHF), and 16 had dengue shock syndrome (DSS). Neurological manifestations were present in 92 (79%); encephalopathy in 17 (15%), encephalitis in 22 (19%), transverse myelitis in 1 (1%) and DAMD in 52 (45%) patients. Central nervous system (CNS) involvement was commoner in DHF/DSS compared to DF (44% vs 26%). 10 patients with CNS involvement died versus 1 with DAMD. The patients in the CNS group had more frequent hypotension, renal dysfunction and respiratory failure compared to the DAMD group, and had worse outcome. DENV2 and DENV3 were the commonest serotypes, but serotypes did not differ between CNS and DAMD groups. Conclusions: DAMD is commoner than CNS involvement in dengue. CNS involvement however, is associated with more serious illness and predicts poorer outcome.

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**Disease Terms**

abdominal pain, acute disseminated encephalomyelitis, arthralgia, brain disease, **central nervous system disease**, chikungunya, **dengue**, encephalitis, epistaxis, flaccid paralysis, gastrointestinal hemorrhage, Guillain Barre syndrome, headache, hyperbilirubinemia, hypokalemia, hyponatremia, hypotension, intraocular hemorrhage, Japanese encephalitis, leukocytosis, leukopenia, maculopapular rash, mononeuropathy, muscle weakness, myalgia, myelitis, **myopathy**, neurologic disease, optic neuritis, petechia, rash, respiratory failure, scrub typhus, thrombocytopenia, unconsciousness, vomiting

**Other Terms**

adolescent, adult, aged, article, cause of death, cerebrospinal fluid analysis, child, clinical feature, comparative study, controlled study, dengue associated muscle dysfunction, Dengue virus 2, Dengue virus 3,

electromyography, evaluation study, female, flushing, human, laboratory test, major clinical study, male, nerve conduction, neuroimaging, nuclear magnetic resonance imaging, priority journal, prognosis, serotype, subconjunctival hemorrhage, tertiary care center

**Author Keywords**  
Dengue, Encephalitis, Encephalopathy, Myopathy, Outcome, Serotype, Transverse myelitis

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Entry Date	2015-11-16 (Full record), 2015-11-13 (Article in Press/In process)
Publication Type	Article
Page Range	146-151
Country of Author	India
Country of Source	Netherlands
Language of Article	English
Language of Summary	English
Publisher Item Identifier	S1386653215006563
Embase Accession Number	2015499550
Number of References	36
Cited by in Scopus	<a href="#">0</a>

Record 22

**Guillain-Barré syndrome after Chikungunya infection: A case in Colombia**  
[Villamil-Gómez W.](#), [Silvera L.A.](#), [Páez-Castellanos J.](#), [Rodriguez-Morales A.J.](#)  
[Article in Press] **Enfermedades Infecciosas y Microbiología Clínica** 2015

**Abstract**

**Disease Terms**  
**chikungunya, infection**

**Other Terms**  
**Colombia**

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Country of Source	Spain
Language of Article	English
Publisher Item Identifier	S0213-005X(15)00246-3
Embase Accession Number	2015181422
Cited by in Scopus	

Record 23

**Outbreak of Exanthematous Illness associated with Zika, Chikungunya, and Dengue viruses, Salvador, Brazil**  
[Cardoso C.W.](#), [Paploski I.A.](#), [Kikuti M.](#), [Rodrigues M.S.](#), [Silva M.M.](#), [Campos G.S.](#), [Sardi S.I.](#), [Kitron U.](#), [Reis M.G.](#), [Ribeiro G.S.](#)  
**Emerging Infectious Diseases** 2015 **21:12** (2274-2276)

Abstract

Drug Terms

immunoglobulin G, immunoglobulin M, nonstructural protein 1

Disease Terms

arthralgia, **chikungunya**, **dengue**, fever, **Flaviviridae infection**, Guillain Barre syndrome, headache, myalgia, pruritus, **rash**, viremia

Other Terms

adolescent, adult, Aedes, Brazil, Chikungunya virus, Dengue virus, disease association, disease surveillance, El Salvador, female, human, letter, major clinical study, male, public health, reverse transcription polymerase chain reaction, virus identification, virus transmission, Zika virus, **Zika virus infection**

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Page Range	2274-2276
Country of Author	Brazil
Country of Source	United States
Language of Article	English
Embase Accession Number	2015525778
Number of References	10
Cited by in Scopus	<a href="#">2</a>
CAS Registry Numbers	immunoglobulin G ( <a href="#">97794-27-9</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> )

Record 24

**Dengue-associated neuromuscular complications**  
[Garg R.K.](#), [Malhotra H.S.](#), [Jain A.](#), [Malhotra K.P.](#)  
**Neurology India** 2015 **63:4** (497-516)

Abstract

Dengue is associated with many neurological dysfunctions. Up to 4% of dengue patients may develop neuromuscular complications. Muscle involvement can manifest with myalgias, myositis, rhabdomyolysis and hypokalemic paralysis. Diffuse myalgia is the most characteristic neurological symptom of dengue fever. Dengue-associated myositis can be of varying severity ranging from self-limiting muscle involvement to severe dengue myositis. Dengue-associated hypokalemic paralysis often has a rapidly evolving course; benign nature; excellent response to potassium; and, often leads to diagnostic confusion with other dengue-associated neuromuscular disorders. Rhabdomyolysis is the most severe form of muscle involvement and may be life-threatening. Guillain-Barri syndrome is another frequent neuromuscular dengue-associated complication. Dengue-associated Guillain-Barri syndrome responds very well to intravenous immunoglobulins. Predominant spinal gray matter involvement has been reported in a patient presenting with areflexic paraparesis. Mononeuropathies often manifest with paralysis of the diaphragm due to phrenic nerve dysfunction. Brachial plexopathy, in the form of neuralgic amyotrophy, has been described much more frequently than lumbo-sacral plexopathy. Early recognition of these neuromuscular complications is needed for successful treatment and to prevent further disabilities.

#### Disease Terms

[chronic fatigue syndrome](#), [dengue](#), [fatigue](#), [Guillain Barre syndrome](#), [infection complication](#), [mononeuropathy](#), [myalgia](#), [myositis](#), [neurological complication](#), [neuromuscular disease](#), [periodic paralysis](#), [plexopathy](#), [postinfectious fatigue syndrome](#), [rhabdomyolysis](#)

#### Other Terms

anterior horn cell, human, incidence, India, neuromuscular synapse, Pakistan, review, South American, Southeast Asian, Western Hemisphere

#### Author Keywords

Guillain-Barré syndrome, hypokalemic paralysis, myalgia, myositis, neuralgic amyotrophy, peripheral neuropathy, plexopathy, rhabdomyolysis

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Country of Author	India
Country of Source	India
Language of Article	English
Language of Summary	English
Embase Accession Number	2015290319
Number of References	110
Cited by in Scopus	

#### Record 25

### DENGUE WITH CENTRAL NERVOUS SYSTEM INVOLVEMENT

[Thisyakorn U.](#), [Thisyakorn C.](#)

**The Southeast Asian journal of tropical medicine and public health 2015 46 Supplement 1 (118-122)**

#### Abstract

Dengue has spread to new geographic areas affecting both children and adults, and it has become a global threat. Dengue with central nervous system involvement includes febrile seizures, encephalopathy, encephalitis, aseptic meningitis, intracranial hemorrhages, intracranial thrombosis, subdural effusions,

mononeuropathies, polyneuropathies, Guillain-Barré syndrome, and transverse myelitis. These manifestations may be associated with co-infections, co-morbidities, or complications of prolonged shock. It is important to consider dengue as a cause for the above neurological presentations, particularly in endemic territories for dengue disease.

#### Disease Terms

central nervous system disease, complication, dengue

#### Other Terms

adolescent, child, Dengue virus, female, human, infant, male, **pathophysiology**, preschool child, Thailand, virology

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Language of Summary	English
MEDLINE PMID	<a href="#">26506737</a>
Cited by in Scopus	

#### Record 26

### Dengue-associated hypokalemic paralysis: Causal or incidental?

Malhotra H.S., Garg R.K.

**Journal of the Neurological Sciences** 2014 **340**:1-2 (19-25)

#### Abstract

Dengue-associated hypokalemic paralysis is considered an important but under-emphasized neuromuscular complication of dengue virus infection. Review of the published literature reveals that 35 instances of hypokalemic paralysis associated with dengue have been recorded from the Indian subcontinent and all but two, were males. The median age of presentation is 29 years and moderate to severe grade pure motor quadriplegia is precipitated during the phase of defervescence of moderate to high-grade fever. Recovery starts within 12 h of potassium supplementation and is usually complete in a couple of days. Redistribution or increased loss of potassium from the body is speculated as the pathophysiological mechanism involved in the causation of hypokalemia. It is not possible to derive the exact etiopathological correlation from the published literature either due to a lack of comprehensive reporting or inadequate work-up of the patients. Curious is the fact that only 35 patients had manifest-paralysis when more than two-thirds affected with the dengue virus exhibit hypokalemia; whether this indicates a genetically mediated channel disorder or an incidental association remains to be seen. © 2014 Elsevier B.V. All rights reserved.

#### Drug Terms

creatine kinase, immunoglobulin, nonstructural protein 1, potassium, virus antigen

#### Disease Terms

dengue, dengue associated hypokalemic paralysis, fever, Guillain Barre syndrome, hypokalemia, hypokalemic periodic paralysis, immobility, leukopenia, limb weakness, muscle hypotonia, neurological complication, quadriplegia, thrombocytopenia

#### Other Terms

adult, case report, creatine kinase blood level, Dengue virus, differential diagnosis, disease association, disease duration, fruit juice, human, incidence, India, male, muscle action potential, pathophysiology, potassium blood level, priority journal, prognosis, review, tendon reflex, thrombocyte count, young adult

#### Author Keywords

Dengue, Electrophysiology, Hypokalemia, Hypokalemic periodic paralysis, Neuromuscular, Paralysis

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Page Range	19-25
Country of Author	India
Country of Source	Netherlands
Language of Article	English
Language of Summary	English
Publisher Item Identifier	S0022510X14001609
MEDLINE PMID	<a href="#">24680561</a>
Embase Accession Number	2014310266
Number of References	28
Cited by in Scopus	<a href="#">4</a>
CAS Registry Numbers	creatine kinase ( <a href="#">9001-15-4</a> ) immunoglobulin ( <a href="#">9007-83-4</a> ) potassium ( <a href="#">7440-09-7</a> )

#### Record 27

### Perspectives on the future of postmarket vaccine safety surveillance and evaluation

[Ball R.](#)

**Expert Review of Vaccines** 2014 **13:4** (455-462)

#### Abstract

Strong, scientifically-based postmarket safety surveillance is critical to maintaining public confidence in vaccinations and reducing the burden from vaccine-preventable diseases. The infrastructure and scientific methods for postmarket safety surveillance have continuously improved over the last 30 years, with major enhancements in the last decade. Supporting and enhancing this system will continue to be important as the number of vaccines and people vaccinated expands globally. © 2014 Informa UK, Ltd.

#### Drug Terms

dengue vaccine, [influenza vaccine](#), Lyme disease vaccine, malaria vaccine, measles mumps rubella vaccine, [Rotavirus vaccine](#), smallpox vaccine, [swine influenza vaccine](#), **vaccine**

#### Disease Terms

[febrile convulsion](#), [Guillain Barre syndrome](#), [intussusception](#), [narcolepsy](#)

#### Other Terms

clinical trial (topic), data base, data mining, **drug safety**, drug screening, drug surveillance program, electronic health record certification, human, immunization, Internet, medical informatics, pathogenesis, personalized medicine, **postmarketing surveillance**, priority journal, public health, review, risk benefit analysis, social media, spontaneous reporting system

#### Author Keywords

Vaccine safety

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**Additional Information**

Abbreviated Journal Title	Expert Rev. Vaccines
ISSN	14760584, 17448395 (electronic)
CODEN	ERVXA
Source Type	Journal
Source Publication Date	April 2014
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Publication Type	Review
Page Range	455-462
Country of Author	United States
Country of Source	United Kingdom
Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">24606417</a>
Embase Accession Number	2014200444
Number of References	59
Cited by in Scopus	<a href="#">0</a>
Drug Tradenames	rotashield

**Record 28****Zika virus infection complicated by guillain-barré syndrome â€"case report, French Polynesia, December 2013**

[Oehler E.](#), [Watrin L.](#), [Larre P.](#), [Leparc-Goffart I.](#), [Last re S.](#), [Valour F.](#), [Baudouin L.](#), [Mallet H.P.](#), [Musso D.](#), [Ghawche F.](#)  
**Eurosurveillance 2014 19:9**

**Abstract**

Zika fever, considered as an emerging disease of arboviral origin, because of its expanding geographic area, is known as a benign infection usually presenting as an influenza-like illness with cutaneous rash. So far, Zika virus infection has never led to hospitalisation. We describe the first case of Guillainâ€"Barr  syndrome (GBS) occurring immediately after a Zika virus infection, during the current Zika and type 1 and 3 dengue fever co-epidemics in French Polynesia.

**Drug Terms**

[aminotransferase](#), [immunoglobulin](#)

**Disease Terms**

facial nerve paralysis, **Guillain Barre syndrome**, heart ventricle tachycardia, neurologic disease, paresthesia, quadriplegia, thorax pain, **[virus infection](#)**, **[zika fever](#)**

**Other Terms**

adult, article, case report, cerebrospinal fluid analysis, enzyme linked immunosorbent assay, female, human, muscle strength, reverse transcription polymerase chain reaction, tendon reflex, tracheotomy

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**Musso D.:** Louis Mallard  Institute, Papeete, Tahiti, French Polynesia.

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**Additional Information**

Abbreviated Journal Title	Eurosurveillance
ISSN	1025496X, 15607917 (electronic)
Source Type	Journal
Source Publication Date	2014-01-01
Entry Date	2014-03-27 (Full record), 2014-03-19 (Article in Press/In process)

Publication Type	Article
Page Range	
Country of Author	French Polynesia
Country of Source	Sweden
Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">24626205</a>
Embase Accession Number	2014177140
Number of References	20
Cited by in Scopus	<a href="#">17</a>
CAS Registry Numbers	aminotransferase ( <a href="#">9031-66-7</a> ) immunoglobulin ( <a href="#">9007-83-4</a> )

## Record 29

### Viruses as potential pathogenic agents in systemic lupus erythematosus

[Nelson P.](#), [Rylance P.](#), [Rodén D.](#), [Trela M.](#), [Tugnet N.](#)

**Lupus** 2014 **23:6** (596-605)

#### Abstract

Genetic and environmental factors appear to contribute to the pathogenesis of systemic lupus erythematosus (SLE). Viral infections have been reported to be associated with the disease. A number of exogenous viruses have been linked to the pathogenesis of SLE, of which Epstein-Barr virus (EBV) has the most evidence of an aetiological candidate. In addition, human endogenous retroviruses (HERV), HRES-1, ERV-3, HERV-E 4-1, HERV-K10 and HERV-K18 have also been implicated in SLE. HERVs are incorporated into human DNA, and thus can be inherited. HERVs may trigger an autoimmune reaction through molecular mimicry, since homology of amino acid sequences between HERV proteins and SLE autoantigens has been demonstrated. These viruses can also be influenced by oestrogen, DNA hypomethylation, and ultraviolet light (UVB) exposure which have been shown to enhance HERV activation or expression. Viral infection, or other environmental factors, could induce defective apoptosis, resulting in loss of immune tolerance. Further studies in SLE and other autoimmune diseases are needed to elucidate the contribution of both exogenous and endogenous viruses in the development of autoimmunity. If key peptide sequences could be identified as molecular mimics between viruses and autoantigens, then this might offer the possibility of the development of blocking peptides or antibodies as therapeutic agents in SLE and other autoimmune conditions. © The Author(s) 2014 Reprints and permissions: [sagepub.co.uk/journalsPermissions.nav](http://sagepub.co.uk/journalsPermissions.nav).

#### Drug Terms

cross reacting antibody, toll like receptor

#### Disease Terms

Campylobacter enteritis, group A streptococcal infection, Guillain Barre syndrome, Hodgkin disease, immune dysregulation, **systemic lupus erythematosus**

#### Other Terms

apoptosis, article, autoimmunity, CD4 lymphocyte count, Cytomegalovirus, Dengue virus, endogenous retrovirus, Epstein Barr virus, Herpes simplex virus, human, Human herpesvirus 7, Human parvovirus B19, immunological tolerance, in vitro study, meta analysis, molecular mimicry, nonhuman, pathogenesis, priority journal, Torque teno virus 1, **virus virulence**, Wart virus

#### Author Keywords

autoantibodies, autoimmunity, environmental factors, human endogenous retroviruses, molecular mimicry, peptides, Systemic lupus erythematosus

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#### Additional Information

Abbreviated Journal Title	Lupus
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ISSN	14770962 (electronic), 09612033
CODEN	LUPUE
Source Type	Journal
Source Publication Date	May 2014
Entry Date	2014-05-19 (Full record), 2014-05-09 (Article in Press/In process)
Publication Type	Article
Page Range	596-605
Country of Author	United Kingdom
Country of Source	United Kingdom
Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">24763543</a>
Embase Accession Number	2014292694
Number of References	107
Cited by in Scopus	<a href="#">14</a>
CAS Registry Numbers	toll like receptor ( <a href="#">409141-78-2</a> )

## Record 30

### Atypical manifestations of dengue fever

[Pawaria A.](#), [Mishra D.](#), [Juneja M.](#), [Meena J.](#)

**Indian Pediatrics** 2014 **51**:6 (495-496)

#### Abstract

We reviewed case records of 40 in-patients (22 boys) with serologically confirmed dengue fever between 1st October and 30th November, 2013. Severe dengue was seen in 30, out of which 12 (30%) had compensated shock. Splenomegaly (6,15%) and encephalopathy (4,10%) were the commonest atypical features. Atypical manifestations of dengue fever were more common than that reported in the past.

#### Drug Terms

[immunoglobulin M](#), [liver enzyme](#), [tumor necrosis factor](#)

#### Disease Terms

brain disease, brain edema, brain hemorrhage, brain hypoxia, cholelithiasis, **dengue**, diarrhea, disseminated intravascular clotting, encephalitis, fulminant hepatic failure, Guillain Barre syndrome, hyponatremia, kidney failure, meningitis, muscle weakness, myositis, respiratory distress syndrome, seizure, splenomegaly, tissue injury

#### Device Terms

rapid test

#### Other Terms

adolescent, antigen detection, article, cerebrospinal fluid, child, clinical article, Dengue virus, disease course, echography, enzyme linked immunosorbent assay, female, human, Indian, kidney function test, liver parenchyma, male, mortality, nuclear magnetic resonance imaging, practice guideline, retrospective study, world health organization

#### Author Keywords

Dengue, Encephalopathy, Myositis, Splenomegaly

#### Author Address

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Abbreviated Journal Title	Indian Pediatr.
ISSN	09747559 (electronic), 00196061
CODEN	INPDA
Source Type	Journal
Source Publication Date	June 2014
Entry Date	2014-08-15 (Full record), 2014-08-08 (Article in Press/In process)
Publication Type	Article
Page Range	495-496
Country of Source	India
Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">24986292</a>

Embase Accession Number	2014512166
Number of References	10
Cited by in Scopus	<a href="#">3</a>
CAS Registry Numbers	immunoglobulin M ( <a href="#">9007-85-6</a> )

## Record 31

### Rapid spread of emerging Zika virus in the Pacific area

Musso D., Nilles E.J., Cao-Lormeau V.-M.

**Clinical Microbiology and Infection** 2014 **20:10** (O595-O596)

#### Abstract

#### Disease Terms

arthralgia, autoimmune disease, chikungunya, conjunctivitis, dengue, epidemic, fever, flaccid paralysis, Guillain Barre syndrome, maculopapular rash, mosquito bite, **virus infection**

#### Other Terms

Aedes aegypti, Aedes albopictus, Aedes polynesiensis, **Arbovirus**, article, blood donor, clinical feature, French Polynesia, human, incidence, mass screening, medical care, phylogeny, population, priority journal, risk assessment, screening test, sexual intercourse, virus isolation, virus transmission, **zika virus**, **zika virus infection**

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**Nilles E.J.:** World Health Organization, Suva, Fiji.

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Abbreviated Journal Title	Clin. Microbiol. Infect.
ISSN	14690691 (electronic), 1198743X
CODEN	CMINF
Source Type	Journal
Source Publication Date	2014-10-01
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Publication Type	Article
Page Range	O595-O596
Country of Source	United Kingdom
Language of Article	English
MEDLINE PMID	<a href="#">24909208</a>
Embase Accession Number	2014717561
Number of References	10
Cited by in Scopus	

## Record 32

### Neurological manifestations of dengue infection: A review

Verma R., Sahu R., Holla V.

**Journal of the Neurological Sciences** 2014 **346:1-2** (26-34)

#### Abstract

Dengue is a common arboviral infection in tropical and sub-tropical areas of the world transmitted by Aedes mosquitoes and caused by infection with one of the 4 serotypes of dengue virus. Neurologic manifestations are increasingly recognised but the exact incidence is unknown. Dengue infection has a wide spectrum of neurological complications such as encephalitis, myositis, myelitis, Guillain-Barré syndrome (GBS) and mononeuropathies. Encephalopathy is the most common reported complication. In endemic regions, dengue infection should be considered as one of the aetiologies of encephalitis. Even for other neurological syndromes like myelitis, myositis, GBS etc., dengue infection should be kept in differential diagnosis and should be ruled out especially so in endemic countries during dengue outbreaks and in cases where the aetiology is uncertain. A high degree of suspicion in endemic areas can help in picking up more cases thereby helping in understanding the true extent of neurological complications in dengue fever. Also knowledge regarding the various neurological complications helps in looking for the warning signs and early diagnosis thereby improving patient outcome.

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#### Disease Terms



acute disseminated encephalomyelitis, **dengue**, encephalitis,  
hypokalemic periodic paralysis, mononeuropathy, myelitis, myositis,  
**neurological complication**

#### Other Terms

clinical feature, differential diagnosis, disease transmission, human, India,  
laboratory diagnosis, nuclear magnetic resonance imaging, pathogenesis, review

#### Author Keywords

Dengue infections, Encephalitis, Guillain-Barre syndrome, Hypokalaemic paralysis,  
Myelitis, Myositis

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#### Author Address

**Verma R. , Sahu R., Holla V.:** Department of Neurology, King George Medical  
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#### Additional Information

Abbreviated Journal Title	J. Neurol. Sci.
ISSN	18785883 (electronic), 0022510X
CODEN	JNSCA
Source Type	Journal
Source Publication Date	2014-11-15
Entry Date	2014-12-08 (Full record), 2014-11-24 (Article in Press/In process)
Publication Type	Review
Page Range	26-34
Country of Author	India
Country of Source	Netherlands
Language of Article	English
Language of Summary	English
Publisher Item Identifier	S0022510X14005760
MEDLINE PMID	<a href="#">25220113</a>
Embase Accession Number	2014905540
Number of References	70
Cited by in Scopus	

#### Record 33

#### Authors reply

[Gupta N.](#), [Garg A.](#), [Chhabra P.](#)

**Journal of Postgraduate Medicine** 2014 **60:4** (420-421)

#### Abstract

#### Drug Terms

catecholamine, renin

#### Disease Terms

channelopathy, cranial neuropathy, **dengue**,  
**Dengue virus related hypokalemic paralysis**, fever, gastrointestinal disease,  
**Guillain Barre syndrome**, kidney disease, muscle weakness, paralysis,  
reflex disorder

#### Other Terms

catecholamine release, disease association, electrophysiology, human, letter,  
muscle biopsy, mutation, mutational analysis, neck muscle, renin release,  
tendon reflex

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Source Type	Journal
Source Publication Date	2014-10-01
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Publication Type	Letter
Page Range	420-421
Country of Author	India
Country of Source	India
Language of Article	English
Embase Accession Number	2014906056
Number of References	3
Cited by in Scopus	
CAS Registry Numbers	renin ( <a href="#">61506-93-2</a> , <a href="#">9015-94-5</a> )

**Record 34****Deaths due to dengue fever at a tertiary care hospital in Lahore, Pakistan**[Assir M.Z.K.](#), [Ahmad H.I.](#), [Masood M.A.](#), [Kamran U.](#), [Yusuf N.W.](#)**Scandinavian Journal of Infectious Diseases** 2014 **46:4** (303-309)**Abstract**

Objective: We conducted this study to review deaths due to dengue fever (DF) during a large outbreak of DF in Lahore, Pakistan. Methods: We reviewed deaths due to DF at Jinnah Hospital Lahore between August and November 2011. Clinical and laboratory data were abstracted. The 2011 World Health Organization Regional Office for South-East Asia (WHO SEARO) guidelines were used to classify the disease. Results: Out of 128,634 probable DF patients who visited the outpatient department, 2313 patients were hospitalized; 1699 (73.3%) were male. RT-PCR was positive in 92 of 114 hospitalized patients (DENV-2 in 91 patients and DENV-3 in 1 patient). Sixty dengue-related deaths were reported; 41 (68.3%) were male. The mean age ( $\pm$  standard deviation) was 44 ( $\pm$  20.5) y. The diagnosis at the time of presentation was DF in 5 (8.3%), dengue haemorrhagic fever without shock in 16 (26.6%), dengue shock syndrome in 20 (33%), and expanded dengue syndrome in 19 (31.7%) patients. Expanded dengue syndrome included encephalopathy in 12 (20%) patients, intracerebral bleed in 3 (5%), multiorgan failure in 3 (5%), and Guillain-Barré syndrome in 1 (1.6%). Twenty-nine (48.3%) patients had at least 1 comorbidity. Conclusion: Dengue shock syndrome and expanded dengue syndrome were the most common causes of death. © 2014 Informa Healthcare.

**Disease Terms**brain disease, **dengue**, epidemic, Guillain Barre syndrome, hemorrhagic fever, multiple organ failure**Other Terms**adolescent, adult, article, cause of death, child, controlled study, Dengue virus 1, Dengue virus 2, Dengue virus 3, disease classification, female, hospitalization, human, infant, intracerebral drug administration, major clinical study, male, mortality, outpatient, **Pakistan**, practice guideline, real time polymerase chain reaction, **tertiary care center**, world health organization**Author Keywords**

Death rate, Dengue fever, Dengue haemorrhagic fever, Dengue shock syndrome, Expanded dengue syndrome, Pakistan

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**Additional Information**

Abbreviated Journal Title	Scand. J. Infect. Dis.
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ISSN	16511980 (electronic), 00365548
CODEN	SJIDB
Source Type	Journal
Source Publication Date	2014-01-01
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Publication Type	Article
Page Range	303-309
Country of Author	Pakistan
Country of Source	United Kingdom
Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">24491144</a>
Embase Accession Number	2014279617
Number of References	24
Cited by in Scopus	<a href="#">2</a>

## Record 35

### Infections of the cerebellum

[Pruitt A.A.](#)

**Neurologic Clinics** 2014 **32:4** (1117-1131)

#### Abstract

Although the cerebellum can be affected by any infection that also involves other parts of the brain parenchyma, cerebrospinal fluid, or nerve roots, a limited range of infections targets cerebellar structures preferentially. Thus, a primarily cerebellar syndrome narrows infectious differential diagnostic considerations. The differential diagnosis of rapidly evolving cerebellar signs suggesting infection includes prescription or illicit drug intoxications or adverse reactions, inflammatory pseudotumor, paraneoplastic processes, and acute postinfectious cerebellitis. This article discusses the diagnosis and differential diagnosis of viral, bacterial, fungal, and prion pathogens affecting the cerebellum in patterns predictable by pace of illness and by involved neuroanatomic structures.

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#### Drug Terms

[immunoglobulin](#), [metronidazole](#), [vigabatrin](#)

#### Disease Terms

aspergillosis, [ataxia](#), brain metastasis, cerebellar ataxia, cerebellum atrophy, [cerebellum disease](#), [cerebellum infection](#), Coxsackie virus infection, Creutzfeldt Jakob disease, dengue, Echovirus infection, encephalitis, Enterovirus infection, Epstein Barr virus infection, fever, Guillain Barre syndrome, headache, heat stroke, herpes zoster encephalitis, [immune reconstitution inflammatory syndrome](#), influenza, listeriosis, meningoencephalitis, mycoplasmosis, obstructive hydrocephalus, paraneoplastic neuropathy, [paraneoplastic syndrome](#), peripheral neuropathy, [primary central nervous system lymphoma](#), progressive multifocal leukoencephalopathy, respiratory syncytial virus infection, Rotavirus infection, swelling

#### Other Terms

brain decompression, brain stem, brainstem encephalitis, cerebrospinal fluid analysis, differential diagnosis, diffusion weighted imaging, human, immunocompromized patient, JC virus, laboratory diagnosis, middle cerebellar peduncle, nuclear magnetic resonance imaging, nuclear magnetic resonance spectroscopy, pathogenesis, physical examination, plasmapheresis, posterior fossa, review, Setosphaeria rostrata, vestibular nucleus

#### Author Keywords

Autoimmune cerebellitis, CLIPPERS, Creutzfeldt-Jakob disease, Epstein-Barr virus, Influenza, JC virus granule cell neuronopathy, Listeria rhombencephalitis, Progressive multifocal leukoencephalopathy

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#### Additional Information

Abbreviated Journal Title	Neurol. Clin.
ISSN	15579875 (electronic), 07338619
CODEN	NECLE
Source Type	Journal
Source Publication Date	2014-11-01
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Country of Author	United States
Country of Source	United States
Language of Article	English
Language of Summary	English
Publisher Item Identifier	S0733861914000632
MEDLINE PMID	<a href="#">25439297</a>
Embase Accession Number	2014865873
Number of References	52
Cited by in Scopus	
CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> ) metronidazole ( <a href="#">39322-38-8</a> , <a href="#">443-48-1</a> ) vigabatrin ( <a href="#">60643-86-9</a> )

## Record 36

### Neurologic complications in dengue virus infection: A prospective cohort study

[Sahu R.](#), [Verma R.](#), [Jain A.](#), [Garg R.K.](#), [Singh M.K.](#), [Malhotra H.S.](#), [Sharma P.K.](#), [Parihar A.](#)

**Neurology** 2014 **83:18** (1601-1609)

#### Abstract

**Objective:** This study aimed to evaluate the incidence and clinical spectrum of neurologic complications, predictors of central and peripheral nervous system involvement, and their outcome in patients with dengue virus infection (DENV). **Methods:** To determine the extent of neurologic complications, we used a hospital-based prospective cohort study design, which included laboratory-confirmed cases of dengue and follow-up for 3 months. We also analyzed clinical and laboratory data to assess predictors of neurologic involvement. **Results:** The study included enrollment of 486 cases. Two were lost to follow-up and excluded. Forty-five patients developed neurologic complications. Of these, 28 patients had CNS and 17 had peripheral nervous system (PNS) involvement, representing an incidence rate for neurologic complications of 9.26%. Significant predictors of CNS involvement were higher mean body temperature ( $p = 0.012$ ), elevated hematocrit ( $p = 0.009$ ), low platelet count ( $p = 0.021$ ), and liver dysfunction ( $p < 0.001$ ). Predictors of PNS involvement were higher mean body temperature ( $p = 0.031$ ), rash ( $p = 0.002$ ), and elevated hematocrit ( $p < 0.001$ ). The mortality rate was 4.5%. The remainder of the patients recovered. **Conclusion:** An increasingly wide spectrum and higher incidence of neurologic complications of DENV are reported. Clinical and laboratory parameters such as higher mean body temperature, rash, increases in hematocrit, thrombocytopenia, and liver dysfunction are independent predictors of neurologic complications.

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#### Disease Terms

[brachial plexus neuropathy](#), [brain disease](#), [dengue](#), [encephalitis](#), [Guillain Barre syndrome](#), [hypokalemic periodic paralysis](#), liver dysfunction, [myelitis](#), [myositis](#), [neurological complication](#), rash

#### Other Terms

adult, article, body temperature, cohort analysis, female, follow up, hematocrit, human, human cell, incidence, major clinical study, male, mortality, outcome assessment, peripheral nervous system, predictor variable, priority journal, prospective study, thrombocyte count

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Abbreviated Journal Title	Neurology
ISSN	1526632X (electronic), 00283878
CODEN	NEURA
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Source Publication Date	2014-10-01
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Publication Type	Article
Page Range	1601-1609
Country of Author	India
Country of Source	United States
Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">25253749</a>
Embase Accession Number	2015875836
Number of References	39
Cited by in Scopus	

**Record 37****Dengue encephalitis-A rare manifestation of dengue fever**

Madi D., Achappa B., Ramapuram J.T., Chowta N., Laxman M., Mahalingam S.  
**Asian Pacific Journal of Tropical Biomedicine** 2014 **4** Supplement.1 (S70-S72)

**Abstract**

The clinical spectrum of dengue fever ranges from asymptomatic infection to dengue shock syndrome. Dengue is classically considered a non-neurotropic virus. Neurological complications are not commonly seen in dengue. The neurological manifestations seen in dengue are encephalitis, meningitis, encephalopathy, stroke and Guillain-Barré syndrome. Dengue encephalitis is a rare disease. We report an interesting case of dengue encephalitis from Southern India. A 49-year-old gentleman presented with fever, altered sensorium and seizures. Dengue NS-1 antigen test was reactive. Dengue IgM was also positive. CSF PCR was negative for herpes simplex 1 & 2. Dengue encephalitis should be considered in the differential diagnosis of fever with altered sensorium, especially in countries like India where dengue is rampant.  
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**Drug Terms**

anticonvulsive agent, [immunoglobulin M antibody](#), nonstructural protein 1

**Disease Terms**

[dengue](#), [dengue encephalitis](#), fever, headache, herpes simplex, Japanese encephalitis, tonic clonic seizure, [virus encephalitis](#)

**Other Terms**

adult, article, case report, cerebrospinal fluid analysis, differential diagnosis, human, India, intensive care, male, middle aged, nuclear magnetic resonance imaging, slow brain wave

**Author Keywords**

Dengue encephalitis, Neurological manifestation, NS1 antigen

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Source Type	Journal
Source Publication Date	2014-01-01
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Publication Type	Article
Page Range	S70-S72
Country of Author	India

Country of Source	Netherlands
Language of Article	English
Language of Summary	English
Embase Accession Number	2015743046
Number of References	11
Cited by in Scopus	

## Record 38

### Neurocognitive Outcome of Children Exposed to Perinatal Mother-to-Child Chikungunya Virus Infection: The CHIMERE Cohort Study on Reunion Island

[Gérardin P.](#), [Sampéris S.](#), [Ramful D.](#), [Boumahni B.](#), [Bintner M.](#), [Alessandri J.-L.](#), [Carbonnier M.](#), [Tiran-Rajaoefera I.](#), [Beullier G.](#), [Boya I.](#), [Noormahomed T.](#), [Okoi J.](#), [Rollot O.](#), [Cotte L.](#), [Jaffar-Bandjee M.-C.](#), [Michault A.](#), [Favier F.](#), [Kaminski M.](#), [Fourmaintraux A.](#), [Fritel X.](#)

**PLoS Neglected Tropical Diseases** 2014 **8:7** Article Number e2996

#### Abstract

**Background:** Little is known about the neurocognitive outcome in children exposed to perinatal mother-to-child Chikungunya virus (p-CHIKV) infection. **Methods:** The CHIMERE ambispective cohort study compared the neurocognitive function of 33 p-CHIKV-infected children (all but one enrolled retrospectively) at around two years of age with 135 uninfected peers (all enrolled prospectively). Psychomotor development was assessed using the revised Brunet-Lezine scale, examiners blinded to infectious status. Development quotients (DQ) with subscores covering movement/posture, coordination, language, sociability skills were calculated. Predictors of global neurodevelopmental delay (GND, DQ≤85), were investigated using multivariate Poisson regression modeling. Neuroradiologic follow-up using magnetic resonance imaging (MRI) scans was proposed for most of the children with severe forms. **Results:** The mean DQ score was 86.3 (95%CI: 81.0-91.5) in infected children compared to 100.2 (95%CI: 98.0-102.5) in uninfected peers (P<0.001). Fifty-one percent (n = 17) of infected children had a GND compared to 15% (n = 21) of uninfected children (P<0.001). Specific neurocognitive delays in p-CHIKV-infected children were as follows: coordination and language (57%), sociability (36%), movement/posture (27%). After adjustment for maternal social situation, small for gestational age, and head circumference, p-CHIKV infection was found associated with GND (incidence rate ratio: 2.79, 95%CI: 1.45-5.34). Further adjustments on gestational age or breastfeeding did not change the independent effect of CHIKV infection on neurocognitive outcome. The mean DQ of p-CHIKV-infected children was lower in severe encephalopathic children than in non-severe children (77.6 versus 91.2, P<0.001). Of the 12 cases of CHIKV neonatal encephalopathy, five developed a microcephaly (head circumference <-2 standard deviations) and four matched the definition of cerebral palsy. MRI scans showed severe restrictions of white matter areas, predominant in the frontal lobes in these children. **Conclusions:** The neurocognitive outcome of children exposed to perinatal mother-to-child CHIKV infection is poor. Severe CHIKV neonatal encephalopathy is associated with an even poorer outcome. © 2014 Gérardin et al.

#### Disease Terms

**chikungunya**, virus infection

#### Other Terms

adult, article, **cognition**, disease severity, female, follow up, human, incidence, major clinical study, nonhuman, nuclear magnetic resonance imaging, outcome assessment, perinatal period, pregnancy, pregnant woman, prospective study, rating scale, reverse transcription polymerase chain reaction, scoring system, virus transmission

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Number of References	55
Cited by in Scopus	<a href="#">6</a>

#### Record 39

### Acute disseminated encephalomyelitis associated with dengue infection: A case report with literature review

Gupta M., Nayak R., Khwaja G.A., Chowdhury D.

Journal of the Neurological Sciences 2013 335:1-2 (216-218)

#### Abstract

Dengue is the commonest arboviral illness caused by four antigenically distinct dengue virus serotypes (DEN-1 through DEN-4). The clinical spectrum of the disease ranges from asymptomatic or mild infection to catastrophic dengue shock syndrome (DSS). In last few years, neurological manifestations of dengue infection have been increasingly observed and reported mainly with serotypes DEN-2 and DEN-3. The pathogenesis of neurological manifestations includes: neurotrophic effect of the dengue virus, related to the systemic effects of dengue infection, and immune mediated. Encephalopathy and encephalitis are the most frequently reported neurological manifestations followed by meningitis, myositis, hypokalemic periodic paralysis, stroke, Guillain-Barré syndrome and transverse myelitis. Acute disseminated encephalomyelitis (ADEM) associated with dengue infection is rarely reported. We herein report a case of ADEM associated with classic dengue fever. Favourable clinical outcome occurred after a five-day course of intravenous methylprednisolone therapy. © 2013 Elsevier B.V. All rights reserved.

#### Drug Terms

alanine aminotransferase, antipyretic agent, aspartate aminotransferase, bilirubin, C reactive protein, hemoglobin, **methylprednisolone**, nonstructural protein 1

#### Disease Terms

**acute disseminated encephalomyelitis**, arthralgia, brain disease, cerebrovascular accident, **dengue**, encephalitis, fever, Glasgow coma scale, Guillain Barre syndrome, hypokalemic periodic paralysis, maculopapular rash, meningitis, mixed infection, myalgia, myelitis, myositis, vomiting

#### Other Terms

adult, alanine aminotransferase blood level, article, bilirubin blood level, case report, clinical assessment, creatinine blood level, Dengue virus 1, Dengue virus 2, Dengue virus 3, Dengue virus 4, disease association, disease severity, erythrocyte sedimentation rate, female, general practitioner, glucose blood level, hemodynamic parameters, human, immunoassay, intravenous drug administration, neuropathology, pathogenesis, photoactivation, priority journal, serotype, thrombocyte count, treatment duration, urea blood level

#### Author Keywords

Acute disseminated encephalomyelitis, Arbovirus, Dengue, Encephalitis, Encephalopathy, Guillain-Barré syndrome

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Publisher Item Identifier	S0022510X13028785
MEDLINE PMID	<a href="#">24035291</a>
Embase Accession Number	2013737248
Number of References	8
Cited by in Scopus	<a href="#">3</a>
CAS Registry Numbers	C reactive protein ( <a href="#">9007-41-4</a> ) alanine aminotransferase ( <a href="#">9000-86-6</a> , <a href="#">9014-30-6</a> ) aspartate aminotransferase ( <a href="#">9000-97-9</a> ) bilirubin ( <a href="#">18422-02-1</a> , <a href="#">635-65-4</a> ) hemoglobin ( <a href="#">9008-02-0</a> ) methylprednisolone ( <a href="#">6923-42-8</a> , <a href="#">83-43-2</a> )

#### Record 40

### Neurological complications of dengue virus infection

[Carod-Artal F.J.](#), [Wichmann O.](#), [Farrar J.](#), [Gascón J.](#)

**The Lancet Neurology** 2013 **12:9** (906-919)

#### Abstract

Dengue is the second most common mosquito-borne disease affecting human beings. In 2009, WHO endorsed new guidelines that, for the first time, consider neurological manifestations in the clinical case classification for severe dengue. Dengue can manifest with a wide range of neurological features, which have been noted depending on the clinical setting-in 0.5-21% of patients with dengue admitted to hospital. Furthermore, dengue was identified in 4-47% of admissions with encephalitis-like illness in endemic areas. Neurological complications can be categorised into dengue encephalopathy (eg, caused by hepatic failure or metabolic disorders), encephalitis (caused by direct virus invasion), neuromuscular complications (eg, Guillain-Barré syndrome or transient muscle dysfunctions), and neuro-ophthalmic involvement. However, overlap of these categories is possible. In endemic countries and after travel to these regions, dengue should be considered in patients presenting with fever and acute neurological manifestations. © 2013 Elsevier Ltd.

#### Disease Terms

acute liver failure, anoxia, [blurred vision](#), [brain disease](#), brain edema, brain hemorrhage, consciousness disorder, [dengue](#), [dengue encephalopathy](#), [encephalitis](#), [eye redness](#), [Guillain Barre syndrome](#), [iridocyclitis](#), kidney failure, [microspia](#), [neurological complication](#), [optic nerve disease](#), paresthesia, pleocytosis, [retina detachment](#), [retina hemorrhage](#), [retina maculopathy](#), [retina vasculitis](#), [rhabdomyolysis](#), [scotoma](#), shock, [visual field defect](#), weakness

#### Other Terms

autopsy, blood transfusion, Brazil, Cambodia, cerebrospinal fluid analysis, enzyme linked immunosorbent assay, human, India, nuclear magnetic resonance imaging, pathogenesis, priority journal, Puerto Rico, reverse transcription polymerase chain reaction, review, Thailand, thrombocyte transfusion, Viet Nam

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Cited by in Scopus	<a href="#">46</a>

#### Record 41

### Etiological spectrum of hypokalemic paralysis: A retrospective analysis of 29 patients

[Garg R.K.](#), [Malhotra H.S.](#), [Verma R.](#), [Sharma P.](#), [Singh M.K.](#)

**Annals of Indian Academy of Neurology** 2013 **16:3** (365-370)

#### Abstract

Background: Hypokalemic paralysis is characterized by episodes of acute muscle weakness associated with hypokalemia. In this study, we evaluated the possible etiological factors in patients of hypokalemic paralysis. Materials and Methods: We reviewed the records of 29 patients who were admitted with a diagnosis of hypokalemic paralysis. Modified Guillain-Barre Syndrome disability scale was used to grade the disability. Results: In this study, 15 (51.7%) patients had secondary causes of hypokalemic paralysis and 14 patients (42.3%) had idiopathic hypokalemic paralysis. Thyrotoxicosis was present in six patients (20.6%), dengue infection in four patients (13.7%), distal renal tubular acidosis in three patients (10.3%), Gitelman syndrome in one patient (3.4%), and Conns syndrome in one patient (3.4%). Preceding history of fever and rapid recovery was seen in dengue infection-induced hypokalemic paralysis. Approximately 62% patients had elevated serum creatinine phosphokinase. All patients had recovered completely following potassium supplementation. Patients with secondary causes were older in age, had significantly more disability, lower serum potassium levels, and took longer time to recover. Conclusion: In conclusion, more than half of patients had secondary causes responsible for hypokalemic paralysis. Dengue virus infection was the second leading cause of hypokalemic paralysis, after thyrotoxicosis. Presence of severe disability, severe hypokalemia, and a late disease onset suggested secondary hypokalemic paralysis.

#### Drug Terms

[creatine kinase](#), potassium

#### Disease Terms

dengue, fever, Gitelman syndrome, [hypokalemic periodic paralysis](#), kidney tubule acidosis, primary hyperaldosteronism, thyrotoxicosis

#### Other Terms

adolescent, adult, article, clinical article, creatine kinase blood level, female, human, male, medical record review, potassium blood level, supplementation

#### Author Keywords

Acute flaccid paralysis, dengue virus, hypokalemia, hypokalemic paralysis

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Country of Source	India
Language of Article	English
Language of Summary	English
Embase Accession Number	2013566002
Number of References	25
Cited by in Scopus	<a href="#">Z</a>
CAS Registry Numbers	creatine kinase ( <a href="#">9001-15-4</a> ) potassium ( <a href="#">7440-09-7</a> )

**Record 42****Presentation, management and outcome of dengue fever - A study of 200 cases**

[Raman M.H.](#), [Alam A.Y.M.S.](#), [Rahman A.M.](#), [Khan M.S.](#), [Shapla N.R.](#), [Aleem M.A.](#)  
**Journal of Medicine (Bangladesh)** 2013 **14:1** (18-22)

**Abstract**

Background: Dengue is the most rapidly spreading mosquito-borne viral disease in the world<sup>1</sup>. The rapidly expanding global footprint of dengue is a public health challenge. The endemicity of dengue is also increasing in Bangladesh. This study highlights our current understanding of dengue, including its clinical manifestations, laboratory tests, management and outcome. Objectives: This study was designed to document the presenting features and outcome of Dengue infection in Border Guard personnel. Materials and Methods: It was a prospective observational study which was carried out among outpatient and indoor cases from February 2011 to November 2012 in Border Guard Hospital, Dhaka which is a 300 bedded hospital. Total 200 cases were enrolled. A detailed history, clinical examinations and relevant investigations were done. Data were collected in a predesigned structured questionnaire and analyzed with the help of SPSS-16.0 and Chisquare (X<sup>2</sup>) Test. Results: A total of 200 adult seropositive Dengue cases of various grade were studied. Among these 152(76%) were male and 48 (24%) were female. Male to female ratio was 3.17:1. The age range of the patients was 18 to 60 years and the mean age 39±12.56 years. Among 200 patients, 112(66%) were Dengue Fever (DF) and 88(44%) were Dengue Haemorrhagic Fever (DHF) including 3(1.5%) cases of DHF Grade III but none (0%) had Grade-IV DHF. All the patients presented with fever 200(100%), general weakness 200(100%) followed by various skin rash 196(98%), headache 192(96%), myalgia/arthritis 191(95.5%), retroorbital pain 84(42%). Bleeding manifestation showed in 94(47%) cases of which petechiae was most frequent 86(43%), Haematocrit was normal only in 13(6.5%) patients and 82(41%) had a rise of >20%; Leucopenia was found in 187(93.5%) patients. Only 2(1%) patients had normal platelet count and 03(1.5%) patients had platelet count of less than 10×10<sup>9</sup> /L. Raised serum alanine aminotransferase (ALT) was observed in 184(92%) of cases. All (200%) the patients recovered completely from the disease; however, one patient subsequently developed Guillain Barre Syndrome. Conclusion: High persistent fever, profound general weakness, myalgia, headache and itchy skin rash were the usual presenting features. Most of the patients recovered well with efficient symptomatic and supportive treatment. Very few cases required blood/platelet transfusion. There was no case fatality in this study group.

**Drug Terms**

[alanine aminotransferase](#), [antibiotic agent](#), [antihistaminic agent](#), [immunoglobulin G](#), [immunoglobulin M](#), [paracetamol](#), [steroid](#)

**Disease Terms**

abdominal pain, arthralgia, ascites, coma, constipation, coughing, [dengue](#), diarrhea, ecchymosis, epistaxis, fever, gingiva bleeding, Guillain Barre syndrome, headache, hematemesis, hepatomegaly, hepatosplenomegaly, jaundice, lethargy, leukopenia, lymphadenopathy, melena, muscle weakness, myalgia, pathological reflex, petechia, pleura effusion, pruritus, rash, restlessness, rhinitis, splenomegaly, vomiting

**Other Terms**

adult, age distribution, alanine aminotransferase blood level, article, clinical examination, clinical feature, disease classification, disease severity, female, human, major clinical study, male, medical history, observational study, outcome assessment, prospective study, sex difference, structured questionnaire, thrombocyte count

**Author Keywords**

Bangladesh, Dengue, Dengue haemorrhagic fever, Outcome

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**Record 43****Global Advisory Committee on Vaccine Safety, December 2012.**

Relevé épidémiologique hebdomadaire / Section d'hygiène du Secrétariat de la Société des Nations = Weekly epidemiological record / Health Section of the Secretariat of the League of Nations 2013 88:6 (65-72)

**Abstract****Drug Terms**

chickenpox vaccine, dengue vaccine, influenza vaccine, live vaccine, vaccine

**Disease Terms**

Guillain Barre syndrome, narcolepsy

**Other Terms**

article, health, human, immunology, Influenza A virus (H1N1), **safety**, world health organization

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Language of Article	English, French
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## Record 44

### Non-communicable disease epidemic: epidemiology in action (EuroEpi 2013 and NordicEpi 2013): Aarhus, Denmark from 11 August to 14 August 2013

[Tsukinoki R.](#), [Murakami Y.](#)

European Journal of Epidemiology 2013 28:1 (1-270)

#### Abstract

#### Drug Terms

[11beta hydroxysteroid dehydrogenase 2](#), [anti human immunodeficiency virus agent](#), [BCG vaccine](#), [C reactive protein](#), [caffeine](#), [clozapine](#), [corticosteroid](#), [diazepam](#), [diphtheria pertussis tetanus vaccine](#), [endothelial nitric oxide synthase](#), [enterolactone](#), [fibrinogen](#), [hemoglobin A1c](#), [hydrocortisone](#), [hydroxymethylglutaryl coenzyme A reductase inhibitor](#), [immunoglobulin G antibody](#), [maternal antibody](#), [neuronal nitric oxide synthase](#), [nonsteroid antiinflammatory agent](#), [paracetamol](#), [prostaglandin synthase inhibitor](#), [serotonin uptake inhibitor](#), [tamoxifen](#), [temazepam](#), [tissue antigen](#), [tricyclic antidepressant agent](#), [unindexed drug](#), [virus antibody](#), [vitamin D](#), [zopiclone](#)

#### Disease Terms

2009 H1N1 influenza, abortion, absence, acquired immune deficiency syndrome, acute heart failure, acute heart infarction, acute kidney failure, acute liver failure, acute lymphoblastic leukemia, adolescent disease, alcohol intoxication, allergy, Alzheimer disease, anorectal malformation, anorexia, anxiety disorder, artery thrombosis, asthma, atherosclerosis, atopic dermatitis, autism, automutilation, Barrett esophagus, [behavior disorder](#), benign childhood epilepsy, bipolar disorder, brain hemorrhage, brain ischemia, [breast cancer](#), bronchitis, burn, cardiovascular disease, carpal tunnel syndrome, celiac disease, central nervous system tumor, cerebral palsy, [cerebrovascular accident](#), childhood cancer, childhood disease, childhood injury, childhood leukemia, childhood obesity, cholestatic hepatitis, chronic disease, chronic fatigue syndrome, chronic inflammation, chronic kidney disease, chronic liver disease, chronic obstructive lung disease, colic, colon cancer, colorectal cancer, conduct disorder, congenital diaphragm hernia, congenital heart disease, congenital heart malformation, [congenital malformation](#), Crimean Congo hemorrhagic fever, cubital tunnel syndrome, cutaneous melanoma, [decubitus](#), dementia, dengue, dental caries, dental fluorosis, [depression](#), developmental disorder, diabetes mellitus, diarrhea, diphtheria, disability, disease exacerbation, distress syndrome, diverticulosis, eating disorder, ectopic pregnancy, emphysema, encephalomyelitis, endocrine tumor, endometrium carcinoma, [epidemic](#), extrapulmonary tuberculosis, fetus wastage, fever, food poisoning, germ cell tumor, giardiasis, Gilles de la Tourette syndrome, hearing impairment, heart failure, heart infarction, Helicobacter infection, hematologic malignancy, [hemorrhoid](#), hepatitis A, hepatitis B, hepatitis C, hereditary nonpolyposis colorectal cancer, herpes zoster, hip fracture, Hodgkin disease, [Human immunodeficiency virus infection](#), [hyperactivity](#), hypertension, hypospadias, infertility, inflammatory bowel disease, injury, insomnia, insulin resistance, intoxication, ischemia, ischemic heart disease, larynx cancer, Lennox Gastaut syndrome, leukemia, liver cell carcinoma, liver cirrhosis, liver fibrosis, low back pain, low birth weight, [lung cancer](#), lymphoma, malignant neoplastic disease, maternal diabetes mellitus, maternal disease, maternal hypertension, maternal obesity, measles, melanoma, melanoma skin cancer, mental deterioration, mental disease, mesothelioma, metabolic syndrome X, microcephaly, multiple sclerosis, mumps, musculoskeletal disease, musculoskeletal pain, myeloid leukemia, myeloma, needlestick injury, neonatal hyperbilirubinemia, neural tube defect, [non communicable disease](#), [non insulin dependent diabetes mellitus](#), nonalcoholic fatty liver, nonhodgkin lymphoma, obesity, obsessive compulsive disorder, occupational accident, ovary cancer, Parkinson disease, pertussis, pneumonia, poliomyelitis, preeclampsia, premature labor, prenatal stress, primary tumor, prostate cancer, psoriasis, psychosomatic disorder, puerperal depression, recurrent disease, respiratory tract disease, rheumatoid arthritis, rubella, sarcoidosis, [schizophrenia](#), [shoulder impingement syndrome](#), skin disease, sleep disordered breathing, small for date infant, soft tissue sarcoma, solutio placentae, spontaneous abortion, stomach cancer, suicidal ideation, [suicide](#), suicide attempt, systemic lupus erythematosus, testis cancer, tetanus, thalassemia, thorax pain, thyroid cancer, thyroid disease, tonsil cancer, toxoplasmosis, [tuberculosis](#),

underweight, urine incontinence, uterine cervix cancer, uterine cervix carcinoma, uterus cancer, vaginitis, varicosis, vein thrombosis, venous thromboembolism, Wegener granulomatosis, work disability, zoonosis

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### Device Terms

HIV test, pedometer

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### Other Terms

absenteeism, academic achievement, accidental death, adipose tissue, adolescence, adolescent behavior, adolescent health, adolescent pregnancy, adulthood, adverse outcome, African, air pollution, air quality, air temperature, Albanian (people), alcohol consumption, allele, allostatic load, alternative medicine, ambient air, ambulance transportation, antibiotic therapy, antibody blood level, anticoagulant therapy, antihypertensive therapy, arterial stiffness, article, assessment of humans, attributable risk, Australian Aborigine, awareness, axillary lymph node, bacterial load, Bangladeshi, bariatric surgery, BCG vaccination, bereavement, billing and claims, binge drinking, biomechanics, birth rate, birth weight, blood pressure, body composition, body fat, body fat distribution, body height, body mass, body size, body weight, Bosnia and Herzegovina, Braden Scale, Brazil, Brazilian, breast feeding, caloric intake, cancer chemotherapy, cancer diagnosis, cancer epidemiology, cancer incidence, cancer localization, cancer mortality, cancer patient, cancer prevention, cancer prognosis, cancer radiotherapy, cancer recurrence, cancer risk, cancer screening, cancer staging, cancer surgery, cancer survival, cancer survivor, cancer susceptibility, cancer therapy, carbohydrate intake, cardiac patient, cardiometabolic risk, cardiovascular mortality, cardiovascular risk, cardiovascular system, caregiver, Caucasian, cause of death, cellular immunity, cesarean section, child death, child health, child parent relation, child welfare, childbirth, childhood, cholesterol blood level, chronic stress, chronology, clinical assessment tool, clinical decision making, clinical effectiveness, clinical examination, clinical protocol, clinical research, cognition, cohabitation, cold, comorbidity, computer assisted tomography, consumer, coping behavior, cost effectiveness analysis, cytokine release, cytopathology, daily life activity, daughter, death certificate, delivery, demography, Denmark, dental health, diet supplementation, diet therapy, dietary fiber, dietary intake, dietary recall assessment tool, disease association, disease course, disease marker, disease severity, disease surveillance, drinking behavior, drug classification, drug efficacy, drug metabolism, drug safety, drug surveillance program, drug transport, drug use, drug utilization, economic aspect, education, educational status, Egypt, electronic medical record, embryo disposition, emergency ward, enteric virus, environmental exposure, environmental factor, environmental temperature, epidemiology, ethnicity, evaluation study, exhaust gas, family, family history, family planning, family violence, fast food, fat free mass, fat intake, fat mass, fatality, feedback system, feeding behavior, female fertility, female genital mutilation, fertilization in vitro, fetus death, fetus growth, fetus mortality, fibrinogen blood level, Finland, first degree relative, first trimester pregnancy, fish meat, follow up, food, food intake, food preference, food security, food selectivity, forced expiratory volume, France, fruit, fruit juice, gender, gene interaction, gene locus, General Health Questionnaire, general practice, genetic association, genetic epidemiology, genetic polymorphism, genetic predisposition, genetic variability, genotype, genotype environment interaction, geographic distribution, geriatric patient, Germany, gestational age, Giardia intestinalis, glucose blood level, glucose tolerance, groups by age, Guinea-Bissau, pollen allergy, head circumference, health behavior, health care access, health care management, health care planning, health care policy, health care quality, health care system, health care utilization, health disparity, health program, health status, health survey, hearing, atrial fibrillation, heart contraction, heart rate variability, heart rehabilitation, heart transplantation, heatwave, hemoglobin blood level, Hepatitis C virus, Hepatitis E virus, heredity, Herpes simplex virus 1, high risk population, highly active antiretroviral therapy, home accident, honey, hormone blood level, hospital admission, hospital care, hospitalization, household, human, Human immunodeficiency virus infected patient, hyperkinetic disorder, Iceland, immigrant, immune response, income, industrial noise, industrial worker, infertility therapy, insulin blood level, intelligence quotient, intensive care unit, Internet, interpregnancy interval, intestine flora, intestine parasite, intracytoplasmic sperm injection, intravenous drug abuse, Italy, Japanese (people), job stress, Kazakhstan, kidney function, kinesiotherapy, latitude, lean body weight, leisure, life, lifestyle, lipoprotein blood level, liver transplantation, long term care, long term survival, low risk population, lung development, lung function, Madagascar, Malmo diet, market, marketing, marriage, maternal age, maternal mortality, maternal serum, maternal smoking, measles vaccination, medical care, medical history, medical information, medical leave, medical school, medical specialist, medical student, medication compliance, menarche, menstrual cycle, mental health, mental patient, midwife, migrant, mobilization, modifiable risk factor, mother, motor development, Muslim, Namibia, neighborhood, nerve conduction, newborn mortality, nicotine replacement therapy, noise,

North African, Norwegian (people), nursery, nutrition, nutritional assessment, nutritional status, obstetrician, occupation and occupation related phenomena, occupational exposure, occupational hazard, occupational prestige, offender, onset age, organ donor, overeducation, Pakistani, Papanicolaou test, parent, parental age, parental attitude, parental deprivation, patient care, patient compliance, patient counseling, patient information, patient participation, patient satisfaction, pedigree, peer group, pension, percutaneous coronary intervention, perinatal care, peritoneal dialysis, personality, pet animal, pharmacoepidemiology, physical activity, physical inactivity, physician, physiological process, placenta weight, policy, polypharmacy, Portugal, postmenopause, postnatal stress, prediction, predictive value, pregnancy, pregnancy outcome, premature mortality, premenopause, prenatal care, prenatal drug exposure, prenatal exposure, prenatal period, prescription, primary health care, primary medical care, primary prevention, productivity, progeny, protection, protein blood level, protein intake, protein polymorphism, psychiatric department, psychodynamics, psychological aspect, psychological well being, psychophysiology, puberty, public health problem, publication, puerperium, quality of life, radiation exposure, rapid response team, reading, recreation, recurrence risk, religion, reproduction, reproductive health, retirement, return to work, reward, risk assessment, risk factor, rural area, rural population, Russian Federation, saliva level, salt intake, sandstorm, sanitation, school, scientist, screening test, season, second trimester pregnancy, Serbia, seroprevalence, sex difference, sexual behavior, sexual intercourse, sibling, single nucleotide polymorphism, sleep pattern, smoking, smoking cessation, social class, social interaction, social norm, social status, social support, socioeconomic inequality, socioeconomics, sodium excretion, soft drink, South Africa, South American, Spain, speech, sperm, sport, spouse, standardization, standing, stillbirth, Strengths and Difficulties Questionnaire, stress, student, substance abuse, summer, surgical patient, Sweden, Tanzania, telephone interview, television viewing, temperature related phenomena, thorax surgery, time series analysis, time to pregnancy, tobacco, topical treatment, total knee replacement, traffic and transport, triacylglycerol blood level, tumor associated leukocyte, Turk (people), twins, undergraduate student, United Kingdom, urban area, uric acid blood level, urinalysis, uterine cervix small cell neuroendocrine carcinoma, vaccination, vacuum extraction, vagus reflex, vegetable, vegetarian diet, veterinary clinic, viral clearance, vitamin blood level, volcano, waist circumference, weather, weight change, weight gain, weight reduction, welfare, wild boar, work capacity, work environment

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Language of Article	English
Embase Accession Number	2015648089
Cited by in Scopus	C reactive protein ( <a href="#">9007-41-4</a> ) caffeine ( <a href="#">58-08-2</a> ) clozapine ( <a href="#">5786-21-0</a> ) diazepam ( <a href="#">439-14-5</a> ) endothelial nitric oxide synthase ( <a href="#">503473-02-7</a> ) enterolactone ( <a href="#">78473-71-9</a> ) fibrinogen ( <a href="#">9001-32-5</a> ) hemoglobin A1c ( <a href="#">62572-11-6</a> ) hydrocortisone ( <a href="#">50-23-7</a> ) neuronal nitric oxide synthase ( <a href="#">506430-87-1</a> ) paracetamol ( <a href="#">103-90-2</a> ) tamoxifen ( <a href="#">10540-29-1</a> )
CAS Registry Numbers	

temazepam ([846-50-4](#) )  
 zopiclone ([43200-80-2](#) )

## Record 45

### Dengue: A new challenge

[Puccioni-Sohler M.](#), [Orsini M.](#), [Soares C.N.](#)

**Neurology International** 2012 **4:3** (65-70)

#### Abstract

Dengue infection is a leading cause of illness and death in tropical and subtropical regions of the world. Forty percent of the world's population currently lives in these areas. The clinical picture resulting from dengue infection can range from relatively minor to catastrophic hemorrhagic fever. Recently, reports have increased of neurological manifestations. Neuropathogenesis seems to be related to direct nervous system viral invasion, autoimmune reaction, metabolic and hemorrhagic disturbance. Neurological manifestations include encephalitis, encephalopathy, meningitis, Guillain-Barré syndrome, myelitis, acute disseminated encephalomyelitis, polyneuropathy, mononeuropathy, and cerebromeningeal hemorrhage. The development of neurological symptoms in patients with positive Immunoglobulin M (IgM) dengue serology suggests a means of diagnosing the neurological complications associated with dengue. Viral antigens, specific IgM antibodies, and the intrathecal synthesis of dengue antibodies have been successfully detected in cerebrospinal fluid. However, despite diagnostic advancements, the treatment of neurological dengue is problematic. The launch of a dengue vaccine is expected to be beneficial. © M. Puccioni-Sohler et al., 2012 Licensee PAGEPress, Italy.

#### Drug Terms

[immunoglobulin M](#), [immunoglobulin M antibody](#), [nonstructural protein 3](#)

#### Disease Terms

[acute disseminated encephalomyelitis](#), central nervous system disease, [dengue](#), [encephalitis](#), epidemic, [Guillain Barre syndrome](#), [meningitis](#), metabolic encephalopathy, [mononeuropathy](#), [myelitis](#), [myositis](#)

#### Other Terms

antibody detection, autoimmunity, computer assisted tomography, Dengue virus 2, Dengue virus 3, enzyme linked immunosorbent assay, human, immune response, immunoreactivity, laboratory test, **neurology**, neuropathology, nuclear magnetic resonance imaging, prognosis, review, serology, serotype, virus virulence

#### Author Keywords

Dengue, Neurological manifestations, Treatment

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Language of Article	English
Language of Summary	English
Embase Accession Number	2012705319
Number of References	62
Cited by in Scopus	<a href="#">2</a>
CAS Registry Numbers	<a href="#">immunoglobulin M</a> ( <a href="#">9007-85-6</a> )

## Record 46

## Guillain-Barre syndrome following Dengue fever in adult patient

[Qureshi N.K.](#), [Begum A.](#), [Saha P.R.](#), [Hossain M.I.](#)

**Journal of Medicine (Bangladesh)** 2012 **13**:2 (246-249)

### Abstract

Guillain-Barre syndrome is a post infectious ascending, usually demyelinating polyradiculoneuropathy. Dengue fever as an antecedent infection in GBS is uncommon. A 39-year-old female presented with acute flaccid weakness of both upper and lower limbs which developed in ascending and progressive fashion following a febrile illness of three days. During work-up IgM for dengue virus was found positive. Diagnosis of Guillain-Barre syndrome was made based on neurologic manifestations, the typical CSF findings and pattern of electrophysiological study and exclusion of other pathologies. Patient was treated with intravenous immunoglobulins. During the course of illness, she developed lower motor neuron type trigeminal, facial, glossopharyngeal, vagus and hypoglossal nerve palsy and autonomic involvement. She had significant recovery and was able to talk, eat and walk six weeks later. Dengue is endemic in Bangladesh. Post dengue Guillain-Barre syndrome in adult, as shown in previous reports, should now be considered in the part of spectrum of neurological complications of this infection.

### Drug Terms

[immunoglobulin](#), [immunoglobulin M](#), [low molecular weight heparin](#), [nonsteroid antiinflammatory agent](#)

### Disease Terms

autonomic dysfunction, [dengue](#), facial nerve paralysis, fever, glossopharyngeal neuralgia, [Guillain Barre syndrome](#), headache, hypoglossal nerve palsy, [leg pain](#), limb weakness, [low back pain](#), [lung embolism](#), muscle hypotonia, [sweat gland disease](#), [tachycardia](#), trigeminal neuralgia, [urine incontinence](#), vagus nerve disease, [vein thrombosis](#)

### Other Terms

adult, article, case report, cerebrospinal fluid analysis, clinical feature, convalescence, Dengue virus, disease course, disease duration, female, human, laboratory test, nervous system electrophysiology, physical examination, treatment duration, virus detection

### Author Keywords

Dengue fever, Guillain-Barre syndrome (GBS)

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Language of Article	English
Language of Summary	English
Embase Accession Number	2012741763
Number of References	31
Cited by in Scopus	<a href="#">4</a>
CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> )

### Record 47

## The use of antibodies in the prophylaxis and treatment of infections

[Lachmann P.J.](#)



**Abstract**

The use of antibodies to provide passive immunity to infections has along history. Although the coming of antibiotics greatly reduced its use for bacterial infections, it is still widely used for a variety of purposes which are reviewed here. The use of animal antisera gave way to the use of human convalescent serum as a source of antibodies and more recently human and monoclonal antibodies have become widely used, not just providing passive immunity but as therapeutic agents. The current uses of antibody therapy are discussed as are the problems of antibody-mediated immunopathology and how this can be avoided. More recent developments include the making of monoclonal antibodies that react with cross-reacting determinants on flu viruses. Such antibodies are not usually made following infection and they provide a very promising approach to providing passive immunity that will be effective against a variety of different strains of the flu virus. It is also pointed out that passive immunotherapy can act as a surrogate vaccine providing that the subject gets infected while protected by the passive antibodies. Finally, there is a section on the possible use of oral antibodies given as food to prevent diseases such as infantile gastroenteritis. © 2012 SCCC. All rights reserved.

**Drug Terms**

**antibody**, CD3 antigen, Fc receptor, glycoprotein gp 120, immunoglobulin G, monoclonal antibody, vaccine

**Disease Terms**

bacterial infection, Guillain Barre syndrome, immunopathology, infantile gastroenteritis, rheumatic fever, rheumatoid arthritis

**Other Terms**

antigenicity, Dengue virus, human, immunization, immunotherapy, **infection prevention**, Influenza A virus (H1N1), Influenza A virus (H5N1), nonhuman, passive immunization, phagocytosis, priority journal, review, virus strain

**Author Keywords**

Antibodies, Flu, Infection

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Language of Article	English
Language of Summary	English
Embase Accession Number	2013344240
Article Number	e11
Number of References	23
Cited by in Scopus	<a href="#">1</a>
CAS Registry Numbers	immunoglobulin G ( <a href="#">97794-27-9</a> )

**Record 48****Spectrum of neurological manifestations in dengue virus infection in Northwest India**

[Koshy J.M.](#), [Joseph D.M.](#), [John M.](#), [Mani A.](#), [Malhotra N.](#), [Abraham G.M.](#), [Pandian J.](#)  
**Tropical Doctor** 2012 **42:4** (191-194)

**Abstract**

The objective of this study was to study the spectrum of neurological manifestations in patients with dengue infection. This was a prospective study undertaken at the Departments of Medicine and Neurology, Christian Medical College, Ludhiana, India.

All patients diagnosed with dengue fever during an epidemic (1 September 2010-31 December 2010) were screened for neurological manifestations. There were a total of 799 patients with dengue infection. Neurological manifestations were present in 21 (2.63%), 19 of whom were men with a mean age of  $33.7 \pm 13.9$  years. The neurological diagnoses were hypokalaemia with: quadriparesis (7); myositis (4); encephalopathy (4); Guillain-Barre syndrome (2); acute disseminated encephalomyelitis (2); lumbosacral plexopathy (1); and intracranial haemorrhage (1). Three of these patients died. Clinicians should be aware that neurological manifestations in dengue fever are not uncommon.

#### Drug Terms

[immunoglobulin M](#), [nonstructural protein 1](#)

#### Disease Terms

acute disseminated encephalomyelitis, brain disease, brain hemorrhage, **dengue**, Guillain Barre syndrome, hypokalemia, myositis, [neurologic disease](#), quadriplegia

#### Other Terms

adolescent, adult, article, electromyography, enzyme linked immunosorbent assay, female, human, major clinical study, male, nerve conduction, nuclear magnetic resonance imaging, prospective study

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Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">23405004</a>
Embase Accession Number	2013113902
Number of References	17
Cited by in Scopus	<a href="#">Z</a>
CAS Registry Numbers	immunoglobulin M ( <a href="#">9007-85-6</a> )

#### Record 49

### Dengue infection-associated brachial plexopathy: Report of the first case and review of the literature

[Siriyakorn N.](#), [Thiansukhon E.](#), [Sriaroon C.](#), [Pasutharnchat N.](#), [Suankratay C.](#)  
**Neurology Asia** 2012 **17:3** (239-246)

#### Abstract

Brachial plexopathy is an uncommon neurologic disease which is associated with many conditions including infectious and non-infectious conditions. Many viral infections have been reported to be associated with brachial plexopathy. To the best of our knowledge, dengue infection-associated brachial plexopathy has never been reported in the literature. We report here a case of dengue infection complicated by bilateral brachial plexopathy, and also review all reported cases of viral infection-associated brachial plexopathy in the English literature.

#### Drug Terms

[immunoglobulin](#), [immunoglobulin G](#), [immunoglobulin M](#)

#### Disease Terms

**brachial plexopathy**, **dengue**, diaphragm paralysis, distress syndrome, dyslipidemia, fever, **Guillain Barre syndrome**, hypertension, muscle weakness, neck pain, **neurologic disease**, respiratory failure

#### Other Terms

3' untranslated region, adult, article, case report, Dengue virus 1, Dengue virus 2, Dengue virus 3, Dengue virus 4, disease association, disease severity, drug withdrawal, electrodiagnosis, enzyme linked immunosorbent assay, female, hospital discharge, hospitalization, human, muscle action potential, nerve conduction, nerve potential, nonhuman, phrenic nerve, positive end expiratory pressure, reverse transcription polymerase chain reaction

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Country of Author	Thailand
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Language of Article	English
Language of Summary	English
Embase Accession Number	2012594285
Number of References	34
Cited by in Scopus	<a href="#">0</a>
CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> ) immunoglobulin G ( <a href="#">97794-27-9</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> )

#### Record 50

#### Dengue in India

[Gupta N.](#), [Srivastava S.](#), [Jain A.](#), [Chaturvedi U.C.](#)

**Indian Journal of Medical Research** 2012 **136:3** (373-390)

#### Abstract

Dengue virus belongs to family Flaviviridae, having four serotypes that spread by the bite of infected Aedes mosquitoes. It causes a wide spectrum of illness from mild asymptomatic illness to severe fatal dengue haemorrhagic fever/dengue shock syndrome (DHF/DSS). Approximately 2.5 billion people live in dengue-risk regions with about 100 million new cases each year worldwide. The cumulative dengue diseases burden has attained an unprecedented proportion in recent times with sharp increase in the size of human population at risk. Dengue disease presents highly complex pathophysiological, economic and ecologic problems. In India, the first epidemic of clinical dengue-like illness was recorded in Madras (now Chennai) in 1780 and the first virologically proved epidemic of dengue fever (DF) occurred in Calcutta (now Kolkata) and Eastern Coast of India in 1963-1964. During the last 50 years a large number of physicians have treated and described dengue disease in India, but the scientific studies addressing various problems of dengue disease have been carried out at limited number of centres. Achievements of Indian scientists are considerable; however, a lot remain to be achieved for creating an impact. This paper briefly reviews the extent of work done by various groups of scientists in this country.

#### Drug Terms

cytotoxic factor, **dengue vaccine**, drinking water, immunoglobulin M antibody, **recombinant antigen**, **virus antigen**

#### Disease Terms

acute kidney failure, acute liver failure, brain edema, capillary leak syndrome,

**dengue**, epidemic, gastrointestinal hemorrhage, Guillain Barre syndrome, heart injury, hepatic encephalopathy, maculopapular rash, mucocutaneous lymph node syndrome, neuritis, periodic paralysis, quadriplegia, seizure, systemic lupus erythematosus, thrombocytopenia

#### Other Terms

amino terminal sequence, CD4+ T lymphocyte, Dengue virus, disease activity, disease severity, enzyme linked immunosorbent assay, Escherichia coli, helper cell, human, immune response, in vitro study, in vivo study, India, megakaryocyte, Philippines, Komagataella pastoris, review, serotype, vector control, viral genetics, virus gene, virus isolation, virus strain

#### Author Keywords

Aedes mosquitoes, Dengue, Dengue vaccine, DF/DHF, DV, Flaviviridae, Pathogenesis

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Language of Summary	English
MEDLINE PMID	<a href="#">23041731</a>
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#### Record 51

#### Global collaborations in vaccine safety, present and future

[Chen R.T.](#), [Bonhoeffer J.](#), [Zuber P.](#), [Sturkenboom M.](#), [Velozi C.](#), [Izurieta H.](#), [Greenberg M.](#), [Black S.](#), [Verstraeten T.](#)

**Pharmacoeconomics and Drug Safety** 2012 **21** SUPPL. 3 (196)

#### Abstract

Background: Many opportunities for global collaboration arose/will arise from the monitoring the safety of (1) the H1N1 flu vaccine, and (2) new vaccines against povertyrelated diseases (PRD) (e.g., dengue, malaria) in low and middle income countries (LMICs). Objectives: Discuss the challenges and opportunities of global vaccine safety monitoring among stakeholders. Description: Moderator: 1. The Global Vaccine Safety Blueprint Project. Millions of doses of vaccines are used in LMIC annually. However, few LMICs have the ability to monitor and assure the safe use of vaccines. The Blueprint provides a strategic plan to start doing so. 2. Lessons from H1N1: Rapid assessment and association studies. Updates on: (1) H1N1 vaccine and narcolepsy studies, and (2) the Global Research in Pediatrics (GRiP) as a platform for follow up collaborative distributed studies. 3. Global H1N1 Guillain-Barré syndrome (GBS) study. A common protocol across continents is feasible! 4. Challenges for vaccine safety surveillance in LMICs from the industry perspective. Vaccine manufacturers can perform post-licensure vaccine safety surveillance in high income countries (HIC). In LMICs, where such infrastructure is not readily available, safety information from HIC is usually relied upon. New vaccines that may be marketed first in LMIC's creates new challenges. 4. Assessing the feasibility of collaborative postlicensure studies in LMIC. The PREVENT (PRogram Enhancing Vaccine Epidemiology Networks and Training) project is a partnership between vaccine safety experts and the INDEPTH Network of health and demographic surveillance sites in LMICs. 5. Innovative use of technology for postlicensure studies in LMIC. Traditional pharmacovigilance systems are non-existent in many LMICs. Modern technologies, however, can be borderless. Internet, mobile (increasingly, smart) phones, and vaccine barcodes can aid cost-efficient vaccine safety monitoring in LMICs. 6. Panel discussion with audience participation.

**Drug Terms**

vaccine, influenza vaccine

**Disease Terms**

dengue, narcolepsy, diseases, malaria

**Other Terms**

pharmacoepidemiology, risk management, monitoring, technology, income, safety, pediatrics, follow up, human, epidemiology, licensing, industry, health, drug surveillance program, Internet

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Publication Type	Conference Abstract
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Language of Article	English
Language of Summary	English
Cited by in Scopus	

**Record 52****Paralytic squint due to abducens nerve palsy : a rare consequence of dengue fever**[Shivanthan M.C.](#), [Ratnayake E.C.](#), [Wijesiriwardena B.C.](#), [Somaratna K.C.](#), [Gamagedara L.K.G.K.](#)**BMC Infectious Diseases** 2012 **12** Article Number 156**Abstract**

Background: Dengue fever is an endemic illness in the tropics with early and post infectious complications affecting multiple systems. Though neurological sequelae including mononeuropathy, encephalopathy, transverse myelitis, polyradiculopathy, Guillain-Barre syndrome , optic neuropathy and oculomotor neuropathy have been reported in medical literature, the abducens nerve despite its notoriety in cranial neuropathies in a multitude of condition due to its long intracranial course had not been to date reported to manifest with lateral rectus paralysis following dengue. Case presentation: A previously well 29 year old male with serologically confirmed dengue hemorrhagic fever developed symptomatic right lateral rectus palsy during the critical phase of the illness, which persisted into convalescence and post convalescence with proven deficit on Hess screen. Alternate etiologies were excluded by imaging, serology and electrophysiology. Conclusions: The authors detail the first reported case of abducens nerve palsy complicating dengue fever in a previously healthy male from Sri Lanka. In a tropical country with endemic dengue infections, dengue related abducens neuropathy may be considered as a differential diagnosis in cases of acquired lateral rectus palsy after dengue fever. © 2012 Shivanthan et al.; licensee BioMed Central Ltd.

**Disease Terms****abducens nerve paralysis** , **dengue** , ophthalmoplegia, **strabismus**

**Other Terms**

adult, article, case report, convalescence, diagnostic imaging, differential diagnosis, electrophysiology, human, male, outcome assessment, serology, Sri Lanka

**Author Keywords**

Abducens palsy, Dengue fever, Squint

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**Record 53****Clinical profile of dengue infection at a teaching hospital in North India**

[Karoli R.](#), [Fatima J.](#), [Siddiqi Z.](#), [Kazmi K.I.](#), [Sultania A.R.](#)

**Journal of Infection in Developing Countries** 2012 **6:7** (551-554)

**Abstract**

Introduction: Dengue viral infections are among the most important mosquito-borne diseases of the Indian subcontinent and have become a major global public health concern. Spread of disease has led to increased recognition of atypical manifestations apart from the classical clinical features of dengue infection. Methodology: A cross-sectional study of admitted patients suspected to have dengue infection was conducted during the monsoon and post-monsoon seasons in the year 2010. Patients who had serological confirmation of dengue infection were classified according to World Health Organization definitions of dengue fever and dengue hemorrhagic fever. Clinical and biochemical parameters were compared between the two groups. Results: Out of 356 patients with suspected dengue fever enrolled in the study, 138 (39%) had serologically confirmed dengue infection. Eighty (58%) patients were males and 58 (42%) were females. Ninety-six (70%) patients had classical dengue fever while 42 (30%) had dengue hemorrhagic fever. The most common symptoms were headache (105, 76%), abdominal pain (87, 63%), vomiting (80, 58%), rash (36, 26%), and cutaneous hypersensitivity (22, 16%). Hemorrhagic manifestations were present in 55 (40%) patients. Atypical manifestations were recorded. Notably, 14% of patients had neurological involvement and 4% had acute hepatic failure. Overall mortality was 6% and all fatal cases were due to multi-organ failure. Conclusion: Dengue infection poses a huge burden to the health-care system; its spectrum ranges from mild self-limiting illness to severe fatal disease. It can have varied and multi-systemic manifestations which can go unrecognized. Clinicians should have a high index of suspicion for atypical manifestations. © 2012 Karoli et al.

**Drug Terms**

[liver enzyme](#)

**Disease Terms**

abdominal pain, acute liver failure, ascites, bleeding, [brain disease](#), cold clammy skin, delayed hypersensitivity, **dengue**, epistaxis, fulminant hepatic failure, [Guillain Barre syndrome](#), headache, hepatomegaly, [hypokalemic periodic paralysis](#), hypoproteinemia, leukopenia, multiple organ failure,

myalgia, myositis, petechia, pleura effusion, rash, tachycardia, thrombocytopenia, vomiting

#### Other Terms

article, female, health, health care system, hematocrit, hematological parameters, hospital admission, human, India, major clinical study, male, mortality, partial thromboplastin time, plasma leakage, prothrombin time, pulse pressure, season, serology, teaching hospital, thrombocyte count

#### Author Keywords

Atypical manifestations of dengue fever, Dengue hemorrhagic fever, Dengue infection, Hepatic failure in dengue

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Language of Summary	English
MEDLINE PMID	<a href="#">22842941</a>
Embase Accession Number	2012453059
Number of References	19
Cited by in Scopus	<a href="#">11</a>

#### Record 54

### Opsoclonus-myoclonus syndrome in a 14-year old girl with dengue encephalitis: A case report

Calotes-Castillo L., Lukban M., Bolanos M., Salonga A., Tan M.

**Developmental Medicine and Child Neurology** 2012 **54** SUPPL. 4 (23-24)

#### Abstract

Objective: Dengue infection has an incidence of 144.55 cases per 100 000 persons in the Philippines population. It can present with various neurological manifestations including encephalitis, meningitis, encephalopathy, stroke, myelitis, and Guillain-Barre syndrome. However, opsoclonus-myoclonus syndrome as a neurological presentation of dengue infection has not been reported in the literature. We report a case of opsoclonus-myoclonus syndrome due to dengue virus infection. Design: Case report. A 14-year old girl presented with a one-week history of fever, dizziness and headache followed by opsoclonus and myoclonus on the 4th day of the illness. Systemic physical examination was normal. Neurological examination showed intact sensorium, opsoclonus and myoclonus. Complete blood count was normal with no evidence of hemoconcentration and thrombocytopenia. Cranial MRI was normal. Cerebrospinal fluid examination revealed lymphocytic pleocytosis, mildly elevated protein, and normal glucose. CSF bacterial culture, herpes type 1 and 2 DNA, and Japanese B virus IgM were negative. Dengue IgM was positive in both serum and cerebrospinal fluid. The patient was given baclofen (Novartis, Makati, Philippines), betahistine (Solvay, Makati, Philippines) and gabapentin (Medichem, Laguna, Philippines) with improvement in a week. Symptoms resolved completely after the fourth week of illness. Subsequent urine vanillylmandelic acid (VMA), 6 months from the onset of the illness, was normal. Conclusion: This case highlights opsoclonus-myoclonus syndrome as a neurologic manifestation of dengue encephalitis. Neurological manifestations, such as OMS, may be the presenting symptom of a dengue infection in an endemic region.

#### Drug Terms

immunoglobulin M, vanilmandelic acid, gabapentin, betahistine, protein, glucose, baclofen, DNA

**Disease Terms**

**opsoclonus myoclonus syndrome, dengue, encephalitis**, diseases, infection, myoclonus, opsoclonus, myelitis, thrombocytopenia, brain disease, meningitis, headache, dizziness, fever, pleocytosis, virus infection, Guillain Barre syndrome, herpes simplex, neurologic disease

**Other Terms**

**human, child, neurology, girl, case report, female, Asian**, Philippines, cerebrospinal fluid, cerebrospinal fluid examination, blood cell count, cerebrovascular accident, physical examination, population, urine, neurologic examination, sensory system, hemoconcentration, Dengue virus, serum, Japanese encephalitis virus, patient, bacterium culture, nuclear magnetic resonance imaging

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Language of Summary	English
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**Record 55**

# Guillain-Barré syndrome-a classical autoimmune disease triggered by infection or vaccination

[Israeli E.](#), [Agmon-Levin N.](#), [Blank M.](#), [Chapman J.](#), [Shoenfeld Y.](#)

**Clinical Reviews in Allergy and Immunology** 2012 **42:2** (121-130)

**Abstract**

Guillain-Barré syndrome (GBS) is a rare autoimmune disorder, the incidence of which is estimated to be 0.6-4/100,000 person/year worldwide. Often, GBS occurs a few days or weeks after the patient has had symptoms of a respiratory or gastrointestinal microbial infection. The disorder is sub-acute developing over the course of hours or days up to 3 to 4 weeks. About a third of all cases of Guillain-Barré syndrome are preceded by *Campylobacter jejuni* infection. *C. jejuni* strains isolated from GBS patients have a lipooligosaccharide (LOS) with a GM1-like structure. Molecular mimicry between LOS and the peripheral nerves as a cause of GBS was demonstrated in animal models of human GBS. Following the "swine flu" virus vaccine program in the USA in 1976, an increase in incidence of GBS was observed and the calculated relative risk was 6.2. Later studies have found that influenza vaccines contained structures that can induce anti-GM1 (ganglioside) antibodies after inoculation into mice. More recent information has suggested that the occurrence of GBS after currently used influenza and other vaccines is rare. GBS involves genetic and environmental factors, may be triggered by infections or vaccinations, and predisposition can be predicted by analyzing some of these factors. © 2011 Springer Science+Business Media, LLC.

**Drug Terms**

diphtheria pertussis tetanus vaccine, ganglioside antibody, hepatitis A vaccine, hepatitis B vaccine, influenza vaccine, lipooligosaccharide, measles mumps rubella vaccine, poliomyelitis vaccine, rabies vaccine, rubella vaccine, smallpox vaccine, swine influenza vaccine

**Disease Terms**

acute motor axonal neuropathy, gastrointestinal infection, **Guillain Barre syndrome**, **infection**, respiratory tract infection, virus infection



**Other Terms**

Aedes aegypti, Campylobacter jejuni, central nervous system, Chikungunya virus, Chlamydia pneumoniae, Enterovirus, Cytomegalovirus, disease predisposition, environmental factor, human, measles vaccination, Mycoplasma pneumoniae, nonhuman, peripheral nervous system, review, **vaccination**

**Author Keywords**

Autoimmunity, C. jejuni, Guillain-Barré syndrome, Infections, Influenza, Vaccines

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Language of Article	English
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MEDLINE PMID	<a href="#">20890797</a>
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Number of References	89
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**Record 56****Dengue infection-associated brachial plexopathy: The first case and review of the literature**

[Suankratay C.](#), [Siriyakorn N.](#), [Thiansukhon E.](#), [Pasutharnchat N.](#)

**Clinical Microbiology and Infection** 2012 **18** SUPPL. 3 (435)

**Abstract**

**Objectives:** Many viral infections have been reported to be associated with brachial plexopathy. To our knowledge, dengue infection-associated brachial plexopathy has never been reported in the literature. We report a case of dengue infection complicated by bilateral brachial plexopathies, and also review all cases with viral infection-associated brachial plexopathy in the English literature. **Methods and results:** A 62-year-old Thai woman presented with fever, orthopnea, and pain at neck and interscapular area aggravated by movement for 3 days. Neurological examination revealed bilateral winged scapulae, bilateral diaphragmatic paralysis, and hyporeflexic weakness of right biceps brachii, right serratus anterior muscle, and infraspinatus muscles. Complete blood count was normal. Electrodiagnostic tests indicated bilateral brachial plexopathies. Polymerase chain reaction (PCR) showed negative results for Varicellazoster virus (VZV), Herpes simplex virus both types 1 and 2, Cytomegalovirus (CMV), Epstein-Barr virus (EBV), pan- Enteroviruses, and West Nile virus (WNV). Reverse-transcription nested PCR test for 3' untranslated region of dengue virus showed positive results in serum and peripheral blood mononuclear cells, and negative result in the cerebrospinal fluid. And PCR test for Japanese encephalitis virus showed negative results in all samples. Three days after hospitalization, the patient developed ventilatory failure. She was doing well without BiPAP ventilatory support and nearly complete recovery of weakness of all muscles when last seen 6 months after being discharged. To date, there are 25 patients with viral infection-associated brachial plexopathy. Of DNA viruses, VZV is the most common causative agent, followed by Parvovirus B19, CMV, EBV. Of RNA viruses, there are hepatitis E, HIV, and WNV. There are 14 males, 10 females, and 1 patient with unknown gender. The age ranges from 9 to 86 years. The outcomes of brachial plexopathy were excellent. **Conclusion:** Dengue infection has been reported to be associated with neurologic complications including encephalopathy, transverse

myelitis, Guillain-Barré syndrome, mononeuropathies, polyneuropathies, and aseptic meningitis. To our knowledge, dengue infection-associated brachial plexopathy has never been reported in the literature. Dengue infection should be included in the differential list of viral infection-associated brachial plexopathy.

**Drug Terms**  
RNA, DNA

**Disease Terms**  
**infection, dengue**, virus infection, weakness, diaphragm paralysis, hepatitis E, neurological complication, myelitis, pain, fever, aseptic meningitis, brain disease, mononeuropathy, polyneuropathy

**Other Terms**  
**microbiology**, human, muscle, patient, Epstein Barr virus, female, Herpes simplex virus, serum, biceps brachii muscle, peripheral blood mononuclear cell, 3' untranslated region, reverse transcription, West Nile virus, RNA virus, scapula, DNA virus, Enterovirus, Dengue virus, hospitalization, Cytomegalovirus, neurologic examination, Japanese encephalitis virus, polymerase chain reaction, blood cell count, Parvoviridae, cerebrospinal fluid, male, gender, neck, Human immunodeficiency virus

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Page Range	435
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Language of Article	English
Language of Summary	English
Cited by in Scopus	

**Record 57**

**Imaging of central nervous system viral diseases**  
[Gupta R.K.](#), [Soni N.](#), [Kumar S.](#), [Khandelwal N.](#)  
**Journal of Magnetic Resonance Imaging** 2012 **35:3** (477-491)

**Abstract**  
Viral infections of the central nervous system (CNS) are commonly encountered and there has been continued emergence of new neurotropic viruses which are being frequently recognized. These may present clinically as encephalitis, meningitis, encephalomyelitis, and encephalomyeloradiculitis. The clinical manifestations are usually nonspecific and diagnosis is usually based on the laboratory investigations. Imaging plays a role in its early detection and at times suggests the specific diagnosis that may help in early institution of appropriate therapy. In this review, we summarize the pathology, clinical, and imaging features of the common viral infections that affect the CNS. Copyright © 2012 Wiley Periodicals, Inc.

**Drug Terms**  
[choline](#), [creatinine](#), immunoglobulin G antibody, [n acetylaspatic acid](#), virus DNA

**Disease Terms**  
[acute demyelinating encephalomyelitis](#), aseptic meningitis, brain calcification, [brain disease](#), brain infection, brain necrosis, [brain ventriculitis](#), [central nervous system infection](#), [cerebellitis](#), consciousness disorder, [cranial nerve ganglionitis](#), [cranial nerve paralysis](#), [dorsal root ganglionitis](#), [encephalitis](#), febrile convulsion, fever, [Guillain Barre syndrome](#), headache, herpes simplex encephalitis, herpes zoster, hydrocephalus, intrauterine infection,

Japanese encephalitis, [Kirisawa uveitis](#), Leigh disease, [leukoencephalopathy](#), [meningitis](#), meningoencephalitis, Murray Valley encephalitis, myelitis, [neuritis](#), neurologic disease, neurological complication, newborn disease, [postherpetic neuralgia](#), primary central nervous system lymphoma, rabies, radiculitis, seizure, [spinal cord disease](#), St. Louis encephalitis, subacute sclerosing panencephalitis, [vascular disease](#), virus encephalitis, West Nile fever

#### Other Terms

Adenoviridae, arthropod borne viral encephalitis, basal ganglion, brain blood flow, brain cortex, brain stem, Bunyaviridae, cerebrospinal fluid analysis, Chikungunya virus, cingulate gyrus, clinical feature, computer assisted tomography, concentration (parameters), conjunctiva, Cytomegalovirus, Dengu virus encephalitis, diagnostic accuracy, diffusion weighted imaging, disease carrier, disease course, disease transmission, enteroviral encephalitis, enzyme linked immunosorbent assay, Epstein Barr virus, Flavivirus, fractional anisotropy, genital system, Hantavirus, Herpes simplex virus 1, Herpes simplex virus 2, human, Human herpesvirus 6, Human herpesvirus 7, Human herpesvirus 8, human parechoviruses encephalitis, image analysis, mononucleosis, Influenza A virus (H1N1), Lyssavirus encephalitis, measles encephalitis, molecular diagnosis, morbidity, mortality, mosquito, mucosa, mumps encephalitis, **neuroimaging**, Nipah encephalitis, nuclear magnetic resonance imaging, orbital cortex, oropharynx, pathophysiology, priority journal, proton nuclear magnetic resonance, Reoviridae, reverse transcription polymerase chain reaction, review, rotavirus encephalitis, sensitivity and specificity, serology, skin, Togaviridae, Varicella zoster virus, vertical transmission, virus entry, virus reactivation, virus replication

#### Author Keywords

magnetic resonance imaging, MR spectroscopy, viral infection

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Country of Source	United States
Language of Article	English
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MEDLINE PMID	<a href="#">22334492</a>
Embase Accession Number	2012099357
Number of References	97
Cited by in Scopus	<a href="#">10</a>
CAS Registry Numbers	choline ( <a href="#">123-41-1</a> , <a href="#">13232-47-8</a> , <a href="#">1927-06-6</a> , <a href="#">4858-96-2</a> , <a href="#">62-49-7</a> , <a href="#">67-48-1</a> ) creatinine ( <a href="#">19230-81-0</a> , <a href="#">60-27-5</a> ) n acetylaspatic acid ( <a href="#">22304-28-5</a> , <a href="#">997-55-7</a> )

#### Record 58

### Mania as a neuropsychiatric complication of dengue fever

[Harder J.](#)

**Journal of Neuropsychiatry and Clinical Neurosciences** 2012 **24:2** (16-17)

#### Abstract

Background: Dengue fever is a potentially lethal infection, little acknowledged in the United States, but common elsewhere and expected to become increasingly more so

in the U.S., in part because of climate change and increasing global travel. This flavivirus infection, transmitted by Aedes mosquitoes, may be frequently overlooked. It has recently been demonstrated to be a neurotrophic virus, with possible neurologic sequelae including Guillain-Barre syndrome, intracranial hemorrhage, ischemic stroke, isolated nerve palsies, and encephalopathy. However neuropsychiatric sequelae remain little acknowledged. We present a case of apparent manic reaction after dengue fever and conduct a literature review for similar cases. This is the first case of mania after dengue fever documented in the American literature, and the first in the literature to include longitudinal follow-up after the initial episode. Case History: A 48-year-old man with a history of dengue virus infection in 2008, followed by mood changes and lability, presented for management of insomnia, anxious ruminations, and impulsive angry outbursts. Immediately after the dengue fever, he described feeling "elated" and "ecstatic," being extremely talkative and energetic, thinking more quickly and writing more, and being told to "slow down." His ideas were coming so quickly that he recalled asking his wife to write them down. He was unsure whether he had been given mood stabilizers during that period, but was treated for insomnia with an anticholinergic agent. By time of presentation, in 2010, the patient had endured a suicidal depression and was being maintained on citalopram 10 mg alone, with the residual symptoms described above. Although he had a previous history of depression for which he had had numerous unsuccessful medication trials, the episode of hypomanic symptoms after dengue viral infection was the only one of its kind in his history. He did report a family history of mood disorder with possible suicidality in his father. Results: The patient was started on lamotrigine for mood stabilization, with subsequent improvement in mood, irritability, and impulsive outbursts. However while abroad, shortly after a dose increase to 175 mg, the patient developed a rash accompanied by fever, neck stiffness, and oral ulcerations, and lamotrigine was discontinued. He tolerated a 10-day course of oral steroids without overt manic symptoms, although he did complain of feeling "hyper," and thereafter was maintained off mood-stabilizer without ill effect. Even after an increase in antidepressant to citalopram 20 mg, he retained some residual depressive symptoms but no evidence of mania. Conclusion: This case demonstrates the need for awareness of possible neuropsychiatric sequelae of arboviral infections. In particular, it shows that mania is a rare but possible consequence of dengue fever. A literature review, consisting of a MEDLINE search for similar cases expanded to include the reference lists of relevant publications, revealed three other pertinent cases. All three cases involved known dengue fever with subsequent neuropsychiatric disturbance involving symptoms of a manic state, including elevated or expansive mood, irritable or expansive affect, new psychosis, increased goal-directed activity, and decreased need for sleep. In all three cases, recovery from manic and psychotic features was complete and episodes appeared isolated and time-limited. However, longitudinal follow-up data were not provided, so the need for ongoing management remained unclear. The case presented here is unique in that it provides over 2 years of follow-up data. These data suggest that patients may be safely maintained on antidepressant monotherapy after manic reaction to dengue, unlike in idiopathic mania.

Drug Terms

mood stabilizer, lamotrigine, antidepressant agent, citalopram, cholinergic receptor blocking agent, steroid

Disease Terms

dengue, mania, psychosis, insomnia, virus infection, infection, Guillain Barre syndrome, brain ischemia, Flavivirus infection, nerve paralysis, brain disease, brain hemorrhage, mood disorder, depression, mouth ulcer, fever, rash

Other Terms

human, patient, follow up, mood, male, United States, father, drug therapy, virus, travel, writing, mosquito, rumination, mood change, family history, sleep, Aedes, Dengue virus, irritability, drug dose increase, rigidity, neck, climate change, monotherapy

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**Record 59****Dengue infection: An emerging cause of neuromuscular weakness**

Koshy J., Pandian J.

*Journal of Neurosciences in Rural Practice* 2012 3:1 (1)**Abstract****Drug Terms**creatine kinase, potassium**Disease Terms**

acute disseminated encephalomyelitis, brain hemorrhage, **dengue**, encephalitis, gastrointestinal hemorrhage, Guillain Barre syndrome, hypokalemia, hypokalemic periodic paralysis, lung hemorrhage, **muscle weakness**, myelitis, myositis, neuromuscular disease, quadriplegia, urogenital tract disease

**Other Terms**

Aedes aegypti, clinical feature, creatine kinase blood level, Dengue virus, editorial, electromyogram, human, immune response, muscle biopsy, pathogenesis, priority journal, cerebrovascular accident

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Cited by in Scopus	<a href="#">2</a>
CAS Registry Numbers	creatine kinase ( <a href="#">9001-15-4</a> ) potassium ( <a href="#">7440-09-7</a> )

**Record 60****Acute neuromuscular weakness associated with dengue infection**

Hira H., Kaur A., Shukla A.

*Journal of Neurosciences in Rural Practice* 2012 3:1 (36-39)**Abstract**

Background: Dengue infections may present with neurological complications. Whether these are due to neuromuscular disease or electrolyte imbalance is unclear. Materials and Methods: Eighty-eight patients of dengue fever required hospitalization during epidemic in year 2010. Twelve of them presented with acute neuromuscular weakness. We enrolled them for study. Diagnosis of dengue infection based on clinical profile of patients, positive serum IgM ELISA, NS1 antigen, and sero-typing. Complete hemogram, kidney and liver functions, serum electrolytes, and creatine phosphokinase (CPK) were tested. In addition, two patients underwent nerve conduction velocity (NCV) test and electromyography. Results: Twelve patients were included in the present study. Their age was between 18 and 34 years. Fever, myalgia, and motor weakness of limbs were most common presenting symptoms. Motor weakness developed on 2<sup>nd</sup> to 4<sup>th</sup> day of illness in 11 of 12 patients. In one patient, it developed on 10<sup>th</sup> day of illness. Ten of 12 showed hypokalemia. One was of Guillain-Barr syndrome and other suffered from myositis; they underwent NCV and

electromyography. Serum CPK and SGOT raised in 8 out of 12 patients. CPK of patient of myositis was 5098 IU. All of 12 patients had thrombocytopenia. WBC was in normal range. Dengue virus was isolated in three patients, and it was of serotype 1. CSF was normal in all. Within 24 hours, those with hypokalemia recovered by potassium correction. Conclusions: It was concluded that the dengue virus infection led to acute neuromuscular weakness because of hypokalemia, myositis, and Guillain-Barré syndrome. It was suggested to look for presence of hypokalemia in such patients.

#### Drug Terms

[aspartate aminotransferase](#), [creatine kinase](#), [electrolyte](#), [immunoglobulin M](#), [NS1 antigen](#), [potassium](#), unclassified drug, [virus antigen](#)

#### Disease Terms

[dengue](#), epidemic, fever, [Guillain Barre syndrome](#), [hypokalemia](#), leukopenia, limb weakness, [muscle weakness](#), myalgia, [myositis](#), [quadriplegia](#), [thrombocytopenia](#)

#### Other Terms

adult, article, aspartate aminotransferase blood level, blood analysis, cerebrospinal fluid analysis, clinical article, creatine kinase blood level, Dengue virus, disease association, disease course, electrolyte blood level, electromyography, enzyme linked immunosorbent assay, hospitalization, human, kidney function test, leukocyte count, liver function test, male, nerve conduction, neurologic examination, priority journal, serotyping, virus isolation

#### Author Keywords

Dengue infection, hypokalemia, motor weakness

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Cited by in Scopus	<a href="#">9</a>
CAS Registry Numbers	aspartate aminotransferase ( <a href="#">9000-97-9</a> ) creatine kinase ( <a href="#">9001-15-4</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> ) potassium ( <a href="#">7440-09-7</a> )

#### Record 61

#### Commentary

[Shrivastava A.](#), [Gopalan N.](#), [Jana A.](#)

**Journal of Neurosciences in Rural Practice** 2012 **3**:1 (39-40)

#### Abstract

#### Drug Terms

[potassium](#)

#### Disease Terms

chikungunya, [dengue](#), [Flavivirus infection](#), Guillain Barre syndrome, [hypokalemia](#), hypokalemic periodic paralysis, hypophosphatemia, muscle atrophy, muscle necrosis, [muscle weakness](#), myokymia, myositis, myotonia, skin defect

**Other Terms**

clinical examination, differential diagnosis, disease association, electroencephalogram, electromyography, enzyme linked immunosorbent assay, functional magnetic resonance imaging, human, immunocytochemistry, muscle biopsy, nerve biopsy, note, nuclear magnetic resonance imaging, positron emission tomography, priority journal, reverse transcription polymerase chain reaction, tendon reflex, virus isolation, West Nile virus

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Embase Accession Number	2012063660
Number of References	8
Cited by in Scopus	<a href="#">0</a>
CAS Registry Numbers	potassium ( <a href="#">7440-09-7</a> )

**Record 62****Guillain-Barré syndrome and dengue**

[Wiwanitkit V.](#)

Revista do Instituto de Medicina Tropical de Sao Paulo 2011 **53:6** (349)

**Abstract****Disease Terms**

asymptomatic disease, **dengue**, **Guillain Barre syndrome**, polyradiculoneuropathy

**Other Terms**

dengue neurological demyelinating polyradiculoneuropathy, disease association, disease classification, human, letter

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Page Range	349
Country of Author	Thailand
Country of Source	Brazil
Language of Article	English

MEDLINE PMID	<a href="#">22183462</a>
Embase Accession Number	2011702658
Number of References	3
Cited by in Scopus	<a href="#">0</a>

## Record 63

### Neuralgic amyotrophy associated with dengue fever: Case series of three patients

[Verma R.](#), [Sharma P.](#), [Khurana N.](#), [Sharma L.N.](#)

*Journal of Postgraduate Medicine* 2011 **57**:4 (329-331)

#### Abstract

Dengue is an acute mosquito borne viral infection caused by one of the four distinct serotype of dengue viruses (type 1-4), belonging to flavivirus family. Dengue fever, an arboviral infection is known to cause various neurological complications. Commonly reported neurological manifestations associated with dengue infection are encephalopathy, myelopathy, stroke, Guillain-Barre syndrome and hypokalemic paralysis. Brachial amyotrophy associated with dengue infection were not described previously. Here, we describe three patients presenting with brachial neuritis associated with dengue infection. Dengue infection should be considered in the etiological list of brachial neuritis in dengue endemic areas, especially if preceded by history of febrile illness compatible with dengue illness.

#### Drug Terms

[amitriptyline](#), [antinuclear antibody](#), [immunoglobulin M](#), [prednisolone](#), [rheumatoid factor](#), virus antibody

#### Disease Terms

arthralgia, backache, **dengue**, [muscle atrophy](#), muscle weakness, myalgia, neck pain, [neuralgic amyotrophy](#), [neuralgic amyotrophy](#), [brachial plexus neuropathy](#), pain, rash, shoulder pain, thrombocytopenia, weakness

#### Other Terms

adult, article, brachial plexus, case report, case study, denervation, Dengue virus, drug dose reduction, electromyography, electrophysiology, enzyme linked immunosorbent assay, human, immunoglobulin blood level, male, myotome, nerve conduction, neurologic examination, nuclear magnetic resonance imaging, steroid therapy, thrombocyte count, treatment response

#### Author Keywords

Brachial plexopathy, dengue fever, neuralgic amyotrophy, parsonage-turner syndrome

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Country of Author	India
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Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">22120863</a>
Embase Accession Number	2012007422
Number of References	12
Cited by in Scopus	<a href="#">6</a>
CAS Registry Numbers	amitriptyline ( <a href="#">50-48-6</a> , <a href="#">549-18-8</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> ) prednisolone ( <a href="#">50-24-8</a> )



**Record 64****Neurological complications of dengue fever: Experience from a tertiary center of north India**

Verma R., Sharma P., Garg R.K., Atam V., Singh M.K., Mehrotra H.S.

Annals of Indian Academy of Neurology 2011 14:4 (272-278)

**Abstract**

**Introduction:** Dengue, an acute viral disease transmitted by Aedes mosquitoes, is highly endemic in many tropical and subtropical areas of the world. Neurological complications of dengue infection have been observed more frequently in the recent past and some studies highlighted varied neurological complications arising in the course of dengue illness. In this retrospective study, we report various neurological complications observed during the last 2 years in patients of dengue fever. **Materials and Methods:** The patients presenting with neurological complications with positive serology (IgM antibody) for dengue infection were consecutively recruited from the Department of Neurology/Medicine from a tertiary center of Lucknow, India. These patients were subjected to a detailed clinical evaluation, laboratory assessment including blood count, hematocrit, coagulation parameters, biochemical assays, serology for dengue fever, enzyme-linked immunosorbent assay for human immunodeficiency virus and other relevant investigations. **Results:** Twenty-six patients with neurological complications associated with confirmed dengue infection were observed during the last 2 years. Eighteen of these patients were male. Of the 26 patients, 10 patients were suffering from brachial neuritis, four patients had encephalopathy, three patients were consistent with the diagnosis of Guillain Barre syndrome, three patients had hypokalemic paralysis associated with dengue fever and two patients had acute viral myositis. Opsoclonus-myoclonus syndrome was diagnosed in two patients, myelitis in one patient and acute disseminated encephalomyelitis also in one patient. **Conclusion:** Dengue fever was associated with widespread neurological complications. Brachial neuritis and opsoclonus-myoclonus syndrome were observed for the first time in this study.

**Drug Terms**

anticonvulsive agent, clonazepam, immunoglobulin, immunoglobulin M, methylprednisolone, potassium, prednisolone, virus antibody

**Disease Terms**

acute disseminated encephalomyelitis, brachial neuritis, brachial neuritis, brain disease, dengue, Guillain Barre syndrome, hypokalemia, hypokalemic paroxysmal paralysis, hypokalemic paroxysmal paralysis, myelitis, myositis, neuritis, neurological complication, opsoclonus myoclonus syndrome, paralysis, seizure

**Other Terms**

adolescent, adult, article, child, clinical article, corticosteroid therapy, course evaluation, Dengue virus, disease course, enzyme linked immunosorbent assay, female, human, Human immunodeficiency virus, immunotherapy, India, male, retrospective study, school child, serodiagnosis, tertiary health care

**Author Keywords**

Brachial neuritis, dengue fever, hypokalemic paralysis, myositis, neurological complications

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Page Range	272-278

Country of Author	India
Country of Source	India
Language of Article	English
Language of Summary	English
Embase Accession Number	2012066001
Number of References	24
Cited by in Scopus	<a href="#">31</a>
CAS Registry Numbers	clonazepam ( <a href="#">1622-61-3</a> ) immunoglobulin ( <a href="#">9007-83-4</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> ) methylprednisolone ( <a href="#">6923-42-8</a> , <a href="#">83-43-2</a> ) potassium ( <a href="#">7440-09-7</a> ) prednisolone ( <a href="#">50-24-8</a> )

**Record 65****Guillain-Barre syndrome occurring during dengue fever**

[Sharma C.M.](#), [Kumawat B.L.](#), [Ralot T.](#), [Tripathi G.](#), [Dixit S.](#)

**Journal of the Indian Medical Association** 2011 **109:9** (675)

**Abstract**

Various types of neurological manifestations are described in dengue fever, of which peripheral neuropathy is rarely reported. We are reporting such a case that presented with three days' history of fever and weakness of all the four limbs of two days' duration. On investigations it turned out to be acute motor sensory axonal neuropathy (AMSAN) type of Guillain - Barre syndrome with decrease platelet counts and positive serology for dengue. All other causes of acute polyneuropathy were ruled out by history and relevant investigations. Patient improved with intravenous immunoglobulin and other supportive therapy.

**Drug Terms**

[immunoglobulin](#), [immunoglobulin M](#)

**Disease Terms**

**dengue**, **Guillain Barre syndrome**, limb weakness, paresthesia

**Other Terms**

adult, article, case report, cerebrospinal fluid analysis, Dengue virus, erythrocyte sedimentation rate, human, tendon reflex, thrombocyte count

**Author Keywords**

Demyelination, Dengue fever, Guillain-Barre syndrome

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Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">22480104</a>
Embase Accession Number	2011562228
Number of References	6
Cited by in Scopus	<a href="#">4</a>
CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> )

**Record 66**

## Spectrum of acute dengue virus myositis

[Garg R.K.](#), [Paliwal V.K.](#)

**Journal of the Neurological Sciences** 2011 **307**:1-2 (180-181)

### Abstract

#### Drug Terms

[analgesic agent](#), [catecholamine](#), [corticosteroid](#), [creatine kinase](#), [insulin](#), [potassium ion](#)

#### Disease Terms

[benign acute childhood viral myositis](#), [childhood disease](#), [cranial neuropathy](#), [dengue](#), [encephalitis](#), [Guillain Barre syndrome](#), kidney failure, [meningitis](#), [myalgia](#), [myelitis](#), myocarditis, myoglobinuria, [myositis](#), [quadriplegia](#), [respiratory failure](#), [rhabdomyolysis](#)

#### Other Terms

catecholamine blood level, creatine kinase blood level, **Dengue virus**, differential diagnosis, disease association, disease severity, electromyography, human, insulin release, letter, nerve conduction, nonhuman, priority journal, risk

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Country of Source	Netherlands
Language of Article	English
Publisher Item Identifier	S0022510X11002425
Embase Accession Number	2011361146
Number of References	20
Cited by in Scopus	<a href="#">0</a>
CAS Registry Numbers	creatine kinase ( <a href="#">9001-15-4</a> ) insulin ( <a href="#">9004-10-8</a> ) potassium ion ( <a href="#">24203-36-9</a> )

### Record 67

## Unusual manifestation of dengue fever

[Chaudhary S.C.](#), [Mohanty D.](#), [Sonkar S.K.](#), [Gupta D.K.](#), [Gupta A.](#)

**BMJ Case Reports** 2011

### Abstract

Dengue fever is an important public health problem in India and has various serious manifestations, which if not identified and treated at appropriate time can lead to dire consequences. Quadriparesis during the course of dengue infection is quite unusual and rarely reported. The authors hereby report a case of acute motor quadriparesis due to Guillain-Barre syndrome during the course of dengue infection, who showed gradual response to conservative treatment. Copyright 2011 BMJ Publishing Group. All rights reserved.

#### Drug Terms

[hemoglobin](#), [immunoglobulin](#), [immunoglobulin M antibody](#), [nonstructural protein 1](#)

#### Disease Terms

**dengue**, Guillain Barre syndrome, limb weakness, muscle hypotonia, neuropathy, quadriplegia

#### Other Terms

adult, article, case report, **clinical feature**, conservative treatment, disease course, human, leukocyte count, male, nerve conduction, priority journal, protein cerebrospinal fluid level, tendon reflex, thrombocyte count

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Country of Source	United Kingdom
Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">22693183</a>
Embase Accession Number	2011384009
Number of References	6
Cited by in Scopus	<a href="#">1</a>
CAS Registry Numbers	hemoglobin ( <a href="#">9008-02-0</a> ) immunoglobulin ( <a href="#">9007-83-4</a> )

#### Record 68

#### A novel influenza A H1N1 clinical manifestations in patients at Chiang Mai university hospital

[Chaiwarith R.](#), [Prome N.](#), [Liwsrisakun C.](#), [Oberdorfer P.](#), [Nuntachit N.](#), [Pothirat C.](#)  
**Journal of the Medical Association of Thailand** 2011 **94:8** (908-915)

#### Abstract

Objective: To describe the clinical manifestations of patients affected with a novel influenza A (H1N1 2009) during the pandemic Material and Method: A retrospective study was conducted in patients with influenza-like illness receiving care at Chiang Mai University Hospital between June 1 and September 30, 2009. The inclusion criteria were as follows 1) patients had influenza-like illness that was defined as fever, with cough and/ or sore throat, 2) detection of influenza A H1N1 2009 by real-time polymerase chain reaction (RT-PCR) from nasopharyngeal swabs or throat swabs. Results: Among 278 patients, 150 patients (54.0%) were male and the mean age was 21.4 + 13.1 years (range 1-74). Eightyseven patients (31.3%) were in age group 15-19 years. Fifty-eight patients (20.9%) had underlying diseases and asthma was the most common health problem. The presenting symptoms were cough (dry or productive) (248 patients, 89.2%), fever > 38.0°C (229 patients, 82.4%), sore throat (195 patients, 70.1%), rhinorrhea (126 patients, 45.3%) and myalgia (113 patients, 40.6%). Five patients had co-infection at admission, three patients had dengue hemorrhagic fever, one patient had mycoplasma infection, and the other one with Acinetobacter lwoffii bacteremia. One hundred forty four patients (51.8%) received oseltamivir. Two hundred seventy two patients (97.8%) recovered without complications. One pregnant-woman developed severe pre-eclampsia five days after the first symptom, one patient developed Guillain Barre syndrome 10 days after the first symptoms. Four patients died, all had pneumonia. Conclusion: Younger people were more likely to be infected with influenza A H1N1 2009. The clinical manifestations were similar to the seasonal influenza. However, the mortality rate was much higher, particularly in patients who developed pneumonia. In this study, all patients who died had existing underlying medical conditions.

#### Drug Terms

[oseltamivir](#)

#### Disease Terms

asthma, bacteremia, coughing, dengue, fever, flu like syndrome, [Guillain Barre syndrome](#), [influenza A \(H1N1\)](#), mixed infection, myalgia,

mycoplasmosis, [pneumonia](#), [preeclampsia](#), rhinorrhea, seasonal influenza, sore throat

Other Terms

Acinetobacter Iwoffii, adolescent, adult, age, aged, article, child, clinical feature, convalescence, disease severity, female, human, Influenza A virus (H1N1), major clinical study, male, mortality, nose smear, pregnancy, preschool child, real time polymerase chain reaction, retrospective study, school child, sex ratio, Thailand, throat culture, university hospital, virus detection

Author Keywords

Clinical manifestations, Novel influenza A (H1N1)

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Country of Source	Thailand
Language of Article	English, Thai
Language of Summary	English, Thai
MEDLINE PMID	<a href="#">21863671</a>
Embase Accession Number	2011433818
Number of References	21
Cited by in Scopus	<a href="#">5</a>
CAS Registry Numbers	oseltamivir ( <a href="#">196618-13-0</a> , <a href="#">204255-09-4</a> , <a href="#">204255-11-8</a> )

Record 69

**Hypokalaemic quadriparesis: An unusual manifestation of dengue fever**  
[Gupta D.K.](#), [Vaish A.K.](#), [Arya R.K.](#), [Chaudhary S.C.](#)  
**BMJ Case Reports** 2011

Abstract

Dengue is the most common and widespread arthropod borne arboviral infection in the world today. Recent observations indicate that the clinical profile of dengue fever is changing with neurological manifestations being reported more frequently. A patient with dengue fever presented to us with symptoms suggestive of acute flaccid paralysis, and on subsequent investigation he was diagnosed as a case of hypokalaemic quadriparesis. Clinicians in the endemic area should be aware of such association of acute pure motor reversible quadriparesis with dengue fever.

Drug Terms

[potassium chloride](#)

Disease Terms

[botulism](#), [dengue](#), flaccid paralysis, [Guillain Barre syndrome](#), [hypokalemia](#), [hypokalemic quadriparesis](#), limb weakness, [periodic paralysis](#), [poliomyelitis](#), [quadriplegia](#), [thrombocytopenia](#)

Other Terms

adult, article, case report, differential diagnosis, disease association, drug efficacy, human, male, priority journal, thrombocyte count

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Language of Summary	English
MEDLINE PMID	<a href="#">22692495</a>
Embase Accession Number	2011350157
Number of References	14
Cited by in Scopus	<a href="#">3</a>
CAS Registry Numbers	potassium chloride ( <a href="#">7447-40-7</a> )

**Record 70**

## Subdural haematoma and axonal polyneuropathy complicating dengue fever

[Mittal M.](#), [Jain N.](#)

**BMJ Case Reports** 2011

**Abstract**

The authors report a case of dengue fever presenting with aseptic meningoencephalitis and developing subdural haematoma and pure motor quadriparesis due to axonal polyneuropathy. This 27-year-old female patient presented to us during the latter part of the dengue epidemic in India in 2010. She had mild thrombocytopaenia and subtle signs of capillary leak. Dengue-specific IgM antibody was positive. She presented initially with recurrent seizures. Initial CT scan of brain was normal with cerebrospinal fluid showing albuminocytologic dissociation. After 6 days, the patient developed quadriparesis with areflexia. MRI showed bilateral subdural haematoma with no evidence of spinal nerve root compression. The nerve conduction study showed evidence of axonal neuropathy. The patient's quadriparesis improved such that she was able to walk with support after 4 weeks with conservative management. This case report highlights a possible association between dengue and motor axonal neuropathy subtype of Guillain-Barré syndrome. Copyright 2011 BMJ Publishing Group. All rights reserved.

**Drug Terms**

[immunoglobulin M](#), [phenytoin](#), [potassium chloride](#), [virus antibody](#)

**Disease Terms**

areflexia, [axonal polyneuropathy](#), capillary leak syndrome, **dengue**, [hypokalemia](#), meningoencephalitis, [nerve root compression](#), [polyneuropathy](#), [quadriplegia](#), [seizure](#), [subdural hematoma](#), thrombocytopenia

**Other Terms**

adult, article, case report, clinical feature, computer assisted tomography, conservative treatment, Dengue virus, disease association, female, human, nerve conduction, neuroimaging, nuclear magnetic resonance imaging, priority journal, spinal root

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Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">22692494</a>
Embase Accession Number	2011350156
Number of References	14
Cited by in Scopus	<a href="#">1</a>
CAS Registry Numbers	immunoglobulin M ( <a href="#">9007-85-6</a> ) phenytoin ( <a href="#">57-41-0</a> , <a href="#">630-93-3</a> ) potassium chloride ( <a href="#">7447-40-7</a> )

**Record 71****Acute inflammatory demyelinating polyradiculoneuropathy (Guillain-Barré Syndrome) following dengue fever**[Gonçalves E.](#)**Revista do Instituto de Medicina Tropical de Sao Paulo 2011 53:4 (223-225)****Abstract**

This paper reports a case of dengue in a six-year-old female child who suddenly developed excruciating headaches, fever, myalgia and paresis. Laboratory examinations included blood count, platelet count, biochemical tests (BUN, creatinine, aminotransferases, and total bilirubin and bilirubin fractions) and specific IgM titers (enzyme-immunoassay with recombinant tetravalent dengue). After ten days of hospitalization and having already been in a home environment, a new clinical image emerged, characterized by dysphagia, dysphonia, weakness, peripheral facial palsy and paresthesia. The diagnosis of Guillain-Barré Syndrome was based on clinical findings, cerebrospinal fluid examination, electrophysiological findings and the exclusion of other pathologies. Our case, as some shown in previous reports, calls attention to the possibility that Guillain-Barré Syndrome may occur in association with dengue.

**Drug Terms**

[aminotransferase](#), [bilirubin](#), [creatinine](#), [immunoglobulin](#), [immunoglobulin M](#), [nitrogen](#), [urea](#)

**Disease Terms**

**dengue**, dysphagia, dysphonia, facial nerve paralysis, fever, **[Guillain Barre syndrome](#)**, headache, myalgia, paresis, paresthesia, weakness

**Other Terms**

aminotransferase blood level, article, bilirubin blood level, blood cell count, case report, cerebrospinal fluid examination, child, creatinine blood level, disease association, electrophysiology, enzyme immunoassay, female, human, laboratory test, neurologic examination, preschool child, thrombocyte count, urea nitrogen blood level

**Author Keywords**

Acute inflammatory demyelinating polyradiculoneuropathy, Dengue fever, Guillain-Barré Syndrome, Neurological dengue

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Language of Article	English, Portuguese
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Embase Accession Number	2011514794
Number of References	10
Cited by in Scopus	<a href="#">8</a>
CAS Registry Numbers	aminotransferase ( <a href="#">9031-66-7</a> ) bilirubin ( <a href="#">18422-02-1</a> , <a href="#">635-65-4</a> ) creatinine ( <a href="#">19230-81-0</a> , <a href="#">60-27-5</a> ) immunoglobulin ( <a href="#">9007-83-4</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> ) nitrogen ( <a href="#">7727-37-9</a> ) urea ( <a href="#">57-13-6</a> )

## Record 72

### An atypical case of dengue haemorrhagic fever presenting as quadriparesis due to compressive myelopathy

[Verma S.P.](#), [Himanshu D.](#), [Tripathi A.K.](#), [Vaish A.K.](#), [Jain N.](#)

BMJ Case Reports 2011

#### Abstract

Dengue haemorrhagic fever is a serious presentation of dengue viral infection. Case reports of cerebral haemorrhage due to dengue are rare. The authors report a rare case of dengue haemorrhagic fever presenting with fever and acute onset progressive quadriparesis of the upper motor neuron type. Rare cases of quadriparesis in dengue fever have been reported in the literature due to myositis, Guillain-Barre syndrome, myelitis and hypokalaemia. This case on investigations was found to have extramedullary compression due to haematoma in the cervical region as the cause of quadriparesis. Copyright 2011 BMJ Publishing Group. All rights reserved.

#### Disease Terms

[acute disease](#), [brain hemorrhage](#), [dengue](#), limb weakness, [motor neuron disease](#), [quadriplegia](#), reflex disorder, [spinal cord compression](#), [spinal hematoma](#)

#### Other Terms

adult, article, case report, cervical spine, clinical feature, human, male, neurosurgery, priority journal, thrombocyte transfusion

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Language of Summary	English
MEDLINE PMID	<a href="#">22700077</a>
Embase Accession Number	2011241039
Number of References	7
Cited by in Scopus	<a href="#">2</a>

## Record 73

### Guillain-Barré syndrome associated with dengue: Case report



[Medina-González R.](#), [Chávez-García R.](#), [Chiquete E.](#), [Paredes-Casillas P.](#),  
[Navarro-Bonnet J.](#), [Ruiz-Sandoval J.L.](#)

**Revista Mexicana de Neurociencia** 2011 **12:3**

## Abstract

Introduction: Dengue fever is an infectious disease, which is endemic in tropical and subtropical countries. To date, four serotypes have been well described, being the types 2 and 3 the mainly associated with neurological manifestations. Case report: A 50-year old female who four days previously was diagnosed with dengue fever presented ascendant muscular weakness up to flaccid quadriplegia, areflexia and respiratory failure that merited mechanical ventilation. Conduction nerve studies evidenced mixed sensorimotor axonal and demyelination polineuropathy compatible with Guillain-Barré syndrome. Serum antibodies IgM and IgG against Dengue virus and antibodies anti-NS1 were also positive. In-hospital course was torpid with respiratory arrest and hypoxic brain injury, being discharge with severe sequels. Conclusions: The recent increase in the incidence and territorial spread of Dengue in Mexico, demands the early recognition and characterization of their central and peripheral manifestations.

## Drug Terms

[immunoglobulin G antibody](#), [immunoglobulin M antibody](#), [nonstructural protein 1](#), [virus antibody](#)

## Disease Terms

[brain hypoxia](#), [dengue](#), [Guillain Barre syndrome](#), [neurological complication](#), [respiratory arrest](#)

## Other Terms

adult, anamnesis, antibody response, article, case report, clinical feature, Dengue virus, disease course, female, human, Mexico, nerve conduction, nonhuman, serotype

## Author Keywords

Acute neuromuscular failure, Dengue, Guillain-Barré, Polineuropathy, Syndrome, Weakness

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Language of Article	Spanish
Language of Summary	English, Spanish
Embase Accession Number	2011398712
Number of References	16
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## Record 74

### Chikungunya virus infection in Reunion Island in 2005-2006: Severe emerging adult forms in the intensive care unit

[Gaüzère B.-A.](#), [Bohrer M.](#), [Drouet D.](#), [Gasque P.](#), [Jaffar-Bandjee M.-C.](#), [Filleul L.](#),  
[Vandroux D.](#)

**Reanimation** 2011 **20:3** (211-222)

## Abstract

In April 2005, an outbreak of Chikungunya fever, an arthralgic disease caused by a mosquito-borne alphavirus, spread over a number of islands in the Indian Ocean including Reunion Island and Mayotte, imported from cases in Comoros. In Reunion Island, 270,000 cases occurred resulting in an incidence of 34%, including severe clinical patterns unknown at that time. Here, we describe the characteristics of forty-three severe cases of Chikungunya virus (CHIKv) infection admitted between May 2005 and May 2006, in our 16-bed intensive care unit (ICU) in Saint-Denis as well as the organizational impact of the outbreak on the day-to-day operations in the ICU. Clinical presentations included severe neurological involvement (meningo-encephalitis, N = 5; Guillain-Barré syndrome, N = 2), liver failure (N = 5), organ failure related to co-morbidities (chronic cardiac failure, N = 7; cardiac arrest, N = 4; other failures, N = 18). Twenty-one patients (49%) died. ICU reorganization was difficult given the small number of beds available in Reunion Island (44 beds/million) and CHIKv infection affecting 20% of the health workers. Half of the ICU beds were devoted to CHIKv-infected patients, resulting in a dramatic shortage of means for patient admission. The study highlights the emergence of severe clinical forms of CHIKv infections, not yet described and related to patients' comorbidities. CHIKv infection should no longer be considered as a rare exotic tropical disease. Its spread in Italy in 2007 and in the South of France in 2010 showed that CHIKv may impact European clinical practice in the future. Due to the severity of CHIK-v-related diseases as assessed in our series, medical systems in Europe should be aware of the potential consequences of such an outbreak in an ICU. © SRLF et Springer-Verlag France 2011.

## Disease Terms

**chikungunya**, **epidemic**, Guillain Barre syndrome, heart arrest, heart failure, liver failure, meningoencephalitis

## Other Terms

adult, article, **Chikungunya virus**, chronic cardiac failure, clinical article, clinical practice, comorbidity, controlled study, disease severity, France, health care personnel, hospital admission, hospital bed capacity, hospital bed utilization, hospital patient, human, **intensive care unit**, Italy, mortality, Reunion, virus transmission

## Author Keywords

Chikungunya, ICU, Reunion Island, Severe form, Viral infection

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Country of Author	France
Country of Source	France
Language of Article	French
Language of Summary	English, French
Embase Accession Number	2012056952
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Cited by in Scopus	<a href="#">0</a>

**Record 75****Guillain-Barré syndrome following type 4 dengue in Polynesia**

Oehler E., Le Henaff O., Larre P., Ghawche F.

Medecine Tropicale 2011 71:2 (203-204)

**Abstract**

Dengue fever is the most frequent arbovirus infection in the world. It is endemic in French Polynesia where epidemic outbreaks sometimes occur. The most common clinical presentation is that of a flu-like illness but hemorrhagic dengue fever can be observed in severe cases. Association of dengue fever with Guillain-Barré syndrome (GBS) has been reported in a few cases. The relationship between these two pathologies is unclear but autoimmune mechanisms are probably involved.

**Disease Terms**

dengue, Guillain Barre syndrome

**Other Terms**

article, case report, clinical feature, disease association, human, Polynesia

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Abbreviated Journal Title	Med. Trop.
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Publication Type	Article
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Country of Author	French Polynesia
Country of Source	France
Language of Article	French
Language of Summary	English
MEDLINE PMID	<a href="#">21695889</a>
Embase Accession Number	2013563477
Number of References	14
Cited by in Scopus	<a href="#">2</a>

**Record 76****Dengue infection causing acute hypokalemic quadriparesis**

Gulati S.

Neurology India 2011 59:1 (143)

**Abstract****Drug Terms**

catecholamine, insulin, potassium, renin

**Disease Terms**

acute disease, dengue, Guillain Barre syndrome, hyperreninemia, hypokalemia, kidney tubule disorder, leptospirosis, malaria, myositis, quadriplegia, vomiting

**Other Terms**

catecholamine blood level, causal attribution, clinical feature, human, insulin release, letter, pathophysiology, patient care, potassium cell level

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Language of Article	English
MEDLINE PMID	<a href="#">21339693</a>
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Number of References	5
Cited by in Scopus	<a href="#">6</a>
CAS Registry Numbers	insulin ( <a href="#">9004-10-8</a> ) potassium ( <a href="#">7440-09-7</a> ) renin ( <a href="#">61506-93-2</a> , <a href="#">9015-94-5</a> )

**Record 77**

## Neurological complications of Chikungunya-4 year follow up- in North Maharashtra

[Gaire S.](#), [Koria M.](#), [Gaire T.S.](#)

**Annals of Indian Academy of Neurology** 2010 **13:5** SUPPL. 1 (S18-S19)

**Abstract**

Introduction: 2006 was a sad year for peninsular India. Crores of people were affected with Chikungunya. Only a minority had Neurological complication. This study started in 2006 and ongoing. Materials and Methods: Cases were followed periodically at least three months apart/earlier if necessary. History, Neurological, Rheumatological exam, investigations such as-Blood, Urine, Serology, EMG-NCV, EEG, radiology, CT/MRI/X-RAYS were done. 85 cases were followed up-25-Encephalitis, 5 Seizures - >Scar Epilepsy, 5-Myelitis, 2-Brachial Neuritis, 15 Guillain Barre Syndrome, 5 Myositis, 25 Carpal tunnel Syndrome, 2 HIV positive & Chikungunya, 1 Thrombotic Stroke during Chikungunya. Results: 4 deaths were noted-those with multi-system involvement/Encephalitis. 4 pts. had Extra-pyramidal-Parkinsonian features-all improved subsequently. Subsequently, weaned off anti-parkinsonism drugs. Remaining Encephalitis patients recovered well & returned to work. Seizures first precipitated during Chikungunya were seen in 5-all needed long term anti-epileptic drugs.3 could be weaned off the AED's. Serial EEG's were done 2 had seizure discharges. 2 with Brachial Neuritis improved well. One Myelitis was left with residual deficits. 5-Myositis-CPK levels were raised. Over 2-3 months they recovered fully. 25 had Carpal Tunnel Syndrome. Wrist Arthritis seen in all. Bilateral Carpal Tunnel Syndrome seen in 15 cases. 3 patients were subjected to surgery. Steroids, NSAID, s, Cock-Up splints were used in remianing. 2 pts.with HIV-one died -2009 -opportunistic infections, remaining on Anti-Retro-viral Rx. 1 pt.developed a Thrombotic stroke-Slowly recovered-Rxed with Statins, Anti-Platelets, Anti-Ht. Conclusions: Chikungunya is not always a benign disease. Arthritis is most common sequelae with frequent flare-ups. Steroids, Hydroxy-chloroquin, NSAIDS are mainstay of Rx. Except the Myo-Neural Jn.all parts of the CNS can be affected. Carditis, Hepatitis, Renal Failure, Hyponatremia-are serious & life threatening complications. Carpal Tunnel Syndrome is the commonest long term sequelae. Other neurolological complications improve over months to years.

**Drug Terms**

steroid, anticonvulsive agent, creatine kinase, hydroxymethylglutaryl coenzyme A reductase inhibitor, chloroquine, nonsteroid antiinflammatory agent

**Disease Terms**

**chikungunya, neurological complication**, carpal tunnel syndrome, seizure, encephalitis, neuritis, myelitis, myositis, arthritis, opportunistic infection, carditis, hepatitis, kidney failure, hyponatremia, scar, epilepsy, Guillain Barre syndrome, parkinsonism

**Device Terms**

splint

**Other Terms**

**neurology, Indian, follow up**, patient, cerebrovascular accident, electroencephalogram, Human immunodeficiency virus, wrist, surgery, central nervous system, electromyogram, thrombocyte, India, blood, urine, serology, radiology, death

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Publication Type	Conference Abstract
Page Range	S18-S19
Country of Author	India
Language of Article	English
Language of Summary	English
Cited by in Scopus	

**Record 78****Mosquito-borne illnesses in travelers: A review of risk and prevention**

[Mirzaian E.](#), [Durham M.J.](#), [Hess K.](#), [Goad J.A.](#)

**Pharmacotherapy** 2010 **30:10** (1031-1043)

**Abstract**

In 2008, residents of the United States made 12 million visits to developing countries in Asia, South America, Central America, Oceania, the Middle East, and Africa. Due to the presence of Anopheles, Aedes, and Culex mosquitoes, travel to these destinations poses a risk for diseases such as malaria, yellow fever, and Japanese encephalitis that cause significant morbidity and mortality. To gain a better understanding of the major emerging and established travel-related infectious diseases transmitted principally by mosquitoes and the measures for their prevention in U.S. residents who travel to these developing countries, we performed a literature search of the PubMed and MEDLINE databases (January 1950-February 2010). Information from the Centers for Disease Control and Prevention and the World Health Organization and relevant references from the publications identified were also reviewed. Vaccines for the prevention of Japanese encephalitis and yellow fever are commercially available to U.S. travelers and should be administered when indicated. However, the prevention of malaria, dengue fever, chikungunya, and West Nile virus relies on personal insect protection measures and chemoprophylaxis for malaria. As the rate of international travel continues to rise, individuals traveling overseas should be made aware of the risk of various infectious diseases and the importance of prevention. Physicians, pharmacists, nurses, and other practitioners can play a vital role in disease education and prevention, including the administration of vaccines and provision of chemoprophylactic drugs.

**Drug Terms**

[atovaquone plus proguanil](#), [chloroquine](#), [dengue vaccine](#), [doxycycline](#), [Japanese encephalitis vaccine](#), [inactivated vaccine](#), [Japanese encephalitis vaccine](#), [mefloquine](#), [nonsteroid antiinflammatory agent](#), [paracetamol](#), [primaquine](#), [salicylic acid derivative](#), [unclassified drug](#), [yellow fever vaccine](#)

**Disease Terms**

[angioneurotic edema](#), [Bell palsy](#), [bleeding](#), [bronchospasm](#), [bulbar paralysis](#), [cardiotoxicity](#), [dengue](#), [encephalomyelitis](#), [epidemic encephalitis](#), [fatigue](#), [fever](#), [flu like syndrome](#), [gastrointestinal symptom](#), [Guillain Barre syndrome](#), [headache](#), [hypotension](#), [injection site erythema](#), [injection site swelling](#), [malaria](#), [meningoencephalitis](#), [mental disease](#), [myalgia](#), [nausea](#), [neurologic disease](#), [photosensitivity](#), [pruritus](#), [Reye syndrome](#), [seizure](#), [urticaria](#), [vagina candidiasis](#), [visual impairment](#), [vomiting](#), [yellow fever](#)

**Other Terms**  
Aedes, Africa, Anopheles, Asia, Central America, chemoprophylaxis, Chikungunya virus, Culex, disease transmission, human, **infection prevention**, infection risk, Middle East, morbidity, mortality, **mosquito**, nonhuman, nurse, Pacific islands, pharmacist, physician, review, South America, travel, United States, West Nile virus

**Author Keywords**  
Chikungunya fever, Dengue fever, Japanese encephalitis, Malaria, Mosquito bite prevention, Mosquito-borne illness, Travel consultation, West Nile virus, Yellow fever

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Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">20874041</a>
Embase Accession Number	2010556921
Number of References	68
Cited by in Scopus	<a href="#">10</a>
Drug Tradenames	ic 51 (Intercell, United Kingdom), ixiaro (Intercell, United Kingdom), je vax (Biken, Japan)
Drug Manufacturers	Biken (Japan), Intercell (United Kingdom), Sanofi Pasteur (United States)
CAS Registry Numbers	chloroquine ( <a href="#">132-73-0</a> , <a href="#">3545-67-3</a> , <a href="#">50-63-5</a> , <a href="#">54-05-7</a> ) doxycycline ( <a href="#">10592-13-9</a> , <a href="#">17086-28-1</a> , <a href="#">564-25-0</a> ) mefloquine ( <a href="#">51773-92-3</a> , <a href="#">53230-10-7</a> ) paracetamol ( <a href="#">103-90-2</a> ) primaquine ( <a href="#">90-34-6</a> )

Record 79

**Atypical Guillain-Barré syndrome associated with dengue fever**  
[Costa R.G.](#), [Lopes L.C.](#), [Dos Santos A.C.J.](#), [De Oliveira Ramos J.](#), [Bastos P.G.](#), [Marques V.D.](#), [De Castro-Jorge L.A.](#), [Da Fonseca B.A.L.](#), [Marques W.](#), [Barreira A.A.](#)  
**Journal of the Peripheral Nervous System** 2010 **15:3** (259)

**Abstract**  
We report an atypical case of Guillain-Barré syndrome (GBS) associated with dengue fever in a 60-year-old man, confirmed with serial neurological examinations and ancillary tests. The man was admitted to the hospital complaining of fever, odinophagia, lumbalgia, abdominal pain, and cutaneous rash, followed by tingling in his hands and inferior limbs, urinary retention, bilateral facial paresis, and paresthesias of the inferior limbs and hands 10 days later. Neurological evaluation detected a bilateral facial paresis, a XII cranial nerve left paresis, a predominantly proximal inferior limb paraparesis and areflexia, and normality of reflexes in the superior limbs. A cuirass hypoesthesia in the trunk as well as a stocking and glove tactile and pain hypoesthesia was also found. Subsequently, a bilateral sensory ataxia, a light dysphagia, a partial loss of vibration sense in the limbs, and predominantly distal asymmetrical bilateral paresis of the superior limbs more intense at the left occurred. A subsequent flaccid paraplegia made the patient wheelchairbound at the fifth day from the first motor sign. The patient was treated

with IgIV 400 mg/kg/day for 5 days. Six months later, there was only a complaint of paresthesias in the toes without sensory loss. Two electromyographies were taken at the acute phase and 3 weeks after the first motor sign, and both showed a predominantly demyelinating pattern. Cerebrospinal fluid (CSF) examination at the acute phase revealed 18 cells/dl (lymphocytes and neutrophils) and 113 mg/dl protein level (normal = 48 mg/dl). There was positivity of IgM against the dengue virus, and the new CSF taken 4 months later was normal, except for strong positivity of IgG against the dengue fever virus and a weak positivity for IgM. A serological panel locking for antibodies against the following viruses was negative: HIV, herpes simplex, herpes virus type 6, varicella zoster, cytomegalovirus, adenovirus, and Epstein-Barr virus. Brain and spinal images were both normal. It is remarkable that sensory ataxia, sensation loss and paresthesias, marked asymmetry of the neurological deficits, and urinary retention indicating urinary sphincter involvement and suggesting a myelopathy are uncommon findings in GBS. This report indicates the possibility that GBS when associated with dengue fever can have a different neurological phenotype compared with the classical one.

Drug Terms

immunoglobulin M, immunoglobulin G, antibody, protein

Disease Terms

dengue, paresthesia, paresis, hypesthesia, urine retention, facial nerve paralysis, paraplegia, dysphagia, spinal cord disease, fever, low back pain, abdominal pain, rash, areflexia, pain, herpes simplex

Device Terms

glove

Other Terms

peripheral nerve, society, limb, male, Dengue virus, patient, vibration sense, toe, electromyography, cerebrospinal fluid, virus, Herpesviridae, virus typing, Varicella zoster virus, Cytomegalovirus, Adenoviridae, Epstein Barr virus, brain, sensation, sphincter, phenotype, Human immunodeficiency virus, cerebrospinal fluid examination, lymphocyte, neutrophil, neurologic examination, hospital, cranial nerve, reflex

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De Castro-Jorge L.A., Da Fonseca B.A.L.: Department of Internal Medicine, Medical School of Ribeirão Preto, University of São Paulo, Ribeirão Preto, São Paulo, Brazil.

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Entry Date	2011-07-12 (Full record)
Publication Type	Conference Abstract
Page Range	259
Country of Author	Brazil
Language of Article	English
Language of Summary	English
Cited by in Scopus	

Record 80

Emergence and clinical insights into the pathology of Chikungunya virus infection  
Jaffar-Bandjee M.C., Ramful D., Gauzere B.A., Hoarau J.J., Kreibich-Trotot P., Robin S., Ribera A., Selambarom J., Gasque P.  
Expert Review of Anti-Infective Therapy 2010 8:9 (987-996)

Abstract

Major epidemics of Chikungunya have re-emerged with millions of cases worldwide. What was once largely a tropical disease in poorer countries is now recognized as a

major global health issue. The disease is perpetuated by the alphavirus Chikungunya, and is transmitted by Aedes mosquitoes. The infection is highly symptomatic, with fever, skin rash and incapacitating arthralgia, which can evolve to chronic arthritis and rheumatism in elderly patients. Mother-to-child transmission, encephalitis, Guillain-Barré syndrome and deaths have been noted. In this article, we will highlight the epidemiological, clinical, virological and immunological aspects of the disease and mention the therapies that have been used during recent epidemics. Novel prevention measures to control the mosquito and a new vaccine are highly warranted. © 2010 Expert Reviews Ltd.

### Drug Terms

[adalimumab](#), [alpha interferon](#), [chikungunya fever vaccine](#), [chloroquine](#), diethyltoluamide, [etanercept](#), [hydroxychloroquine](#), [immunoglobulin](#), [immunoglobulin G](#), [immunoglobulin M](#), insect repellent, [leflunomide](#), [methotrexate](#), [nonsteroid antiinflammatory agent](#), placebo, quinine, [ribavirin](#), [salazosulfapyridine](#), unclassified drug, [virus RNA](#), [virus vaccine](#)

### Disease Terms

arthralgia, [chikungunya](#), chronic arthritis, encephalitis, epidemic, [fever](#), Guillain Barre syndrome, rash, rheumatic disease, [rheumatoid arthritis](#)

### Other Terms

adaptive immunity, Aedes, Aedes aegypti, Aedes albopictus, Alphavirus, **Chikungunya virus**, clinical trial, epidemiological data, human, immune response, infection control, infection prevention, insect control, mortality, nonhuman, passive immunization, pathophysiology, patient care, reverse transcription polymerase chain reaction, review, symptom, vertical transmission, virology, virus detection, virus transmission

### Author Keywords

anti-TNF- $\alpha$ , arthritis, Chikungunya, chloroquine, encephalitis, immunology, methotrexate, mosquito, neutralizing antiserum, vaccine

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CAS Registry Numbers	adalimumab ( <a href="#">331731-18-1</a> ) chloroquine ( <a href="#">132-73-0</a> , <a href="#">3545-67-3</a> , <a href="#">50-63-5</a> , <a href="#">54-05-7</a> ) diethyltoluamide ( <a href="#">134-62-3</a> , <a href="#">26545-51-7</a> ) etanercept ( <a href="#">185243-69-0</a> , <a href="#">200013-86-1</a> ) hydroxychloroquine ( <a href="#">118-42-3</a> , <a href="#">525-31-5</a> ) immunoglobulin ( <a href="#">9007-83-4</a> ) immunoglobulin G ( <a href="#">97794-27-9</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> ) leflunomide ( <a href="#">75706-12-6</a> ) methotrexate ( <a href="#">15475-56-6</a> , <a href="#">59-05-2</a> , <a href="#">7413-34-5</a> )



quinine ([130-89-2](#) , [130-95-0](#) , [14358-44-2](#) , [549-48-4](#) , [549-49-5](#) , [60-93-5](#) , [7549-43-1](#) )  
 ribavirin ([36791-04-5](#) )  
 salazosulfapyridine ([599-79-1](#) )

## Record 81

### Guillain-Barré syndrome after dengue infection: Case report

[Orsini M.](#), [De Freitas M.R.G.](#), [Nascimento O.J.M.](#), [Catharino A.M.D.S.](#), [Mello M.P.](#), [Reis C.H.M.](#), [De Carvalho R.W.](#)

**Revista Neurociencias** 2010 **18:1** (24-27)

#### Abstract

Dengue is the most frequent human arboviral infection, with approximately 80 million cases reported per year and 2.5 to 3 billion people at risk according to estimates by the World Health Organization. Its symptoms depends on the clinical form, range from headache to ample gamma of neurological manifestations. This manuscript reports the case of a woman, 47 years that suddenly developed shooting headaches, fever, muscle pain and weakness, receiving subsequently the diagnosis of dengue. After seven days of hospitalization and, already at home, new clinical pictures have become characterized by dysphagia, dysphonia, weakness, peripheral facial paralysis and paresthesias. The diagnosis of dengue and Guillain-Barre was based on clinical findings, in examining the cerebrospinal fluid, electrophysiological findings and the specific titles of IgM for dengue.

#### Drug Terms

[immunoglobulin M](#)

#### Disease Terms

**dengue**, dysphagia, dysphonia, facial nerve paralysis, fever, **Guillain Barre syndrome**, headache, myalgia, paresthesia, polyneuropathy, weakness

#### Other Terms

adult, article, case report, female, human, symptom

#### Author Keywords

Dengue, Guillain-Barre syndrome, Polyneuropathies

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Cited by in Scopus	<a href="#">1</a>
CAS Registry Numbers	immunoglobulin M ( <a href="#">9007-85-6</a> )

**Record 82****Atypical Guillain-Barré syndrome associated to dengue fever**

Barreira A.A., Lopes L.C., Santos A.C., Ramos J.O., Bastos P.G., Marques V.D., Castro-Jorge L.A., Fonseca B.A., Marques W.  
**Journal of Neurology** 2010 **257** SUPPL. 1 (S106)

**Abstract**

**Objectives:** To report an atypical case of Guillain-Barré syndrome (GBS) associated with dengue fever. **Methods:** Serial neurological examinations and ancillary tests. **Results:** A sixty-year-old man was admitted complaining of fever, odinophagia, lumbalgia, abdominal pain, and cutaneous rash, followed by tingling in his hands and inferior limbs, urination retention, bilateral facial paresis, and parestesias of the inferior limbs and hands 10 days later. Neurological evaluation detected a bilateral facial paresis, a XII cranial nerve left paresis, a predominantly proximal inferior limbs paraparesis and areflexia, and normality of reflexes in the superior limbs. A cuirass hypoesthesia in the trunk as well as a stock and glove tactile and pain hypoesthesia were also found. Subsequently, a bilateral sensory ataxia, a light dysphagia, a partial loss of vibration sense in the limbs, and predominantly distal asymmetrical bilateral paresis of the superior limbs more intense at the left occurred. A subsequent flaccid paraplegia made the patient wheel-chair-bound at the fifth day from the first motor sign. The patient was treated with IgIV 400mg/Kg/day for 5 days. Six months later, there was only a complaint of parestesias in the toes without sensory loss. Two EMGs were taken at the acute phase and 3 weeks after the first motor sign, and both showed a predominantly demyelinating pattern. CSF examination at the acute phase revealed 18 cells/ dl (lymphocytes and neutrophils), and 113mg/dl protein level (normal = 48mg/dl). There was positivity of IgM against the dengue virus, and the new CSF taken four months later was normal, except for strong positivity of IgG against the dengue fever virus and a weak positivity for IgM. A serological panel locking for antibodies against the following viruses was negative: HIV, Herpes simplex, Herpes vtype 6, Varicelae zoster, Citomegalovirus, Adenovirus, and Epstein-Barr virus. Brain and spinal images were both normal. **Conclusion:** The sensory ataxia, the sensation loss and parestesias, the marked asymmetry of the neurological deficits, and the urinary retention indicating urinary sphincter involvement and suggesting a myelopathy are uncommon findings in GBS. This report indicates the possibility that GBS when associated with dengue fever can have a different neurological phenotype compared with the classical one.

**Drug Terms**

immunoglobulin M, protein, immunoglobulin G, antibody

**Disease Terms**

**dengue**, facial nerve paralysis, hypesthesia, herpes simplex, paraplegia, paresis, urine retention, spinal cord disease, fever, low back pain, abdominal pain, rash, areflexia, pain, dysphagia

**Device Terms**

glove, wheelchair

**Other Terms**

**society**, limb, cerebrospinal fluid, Dengue virus, patient, sensation, sphincter, phenotype, neurologic examination, male, micturition, cranial nerve, reflex, Human immunodeficiency virus, toe, examination, lymphocyte, neutrophil, virus, Adenoviridae, Epstein Barr virus, brain, vibration sense

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**Record 83****Vesiculobullous Chikungunya fever with a severe and atypical clinical course**

Oon H.H., Tang M.B.Y., Pang S.M., Thirumoorthy T.

**Journal of the American Academy of Dermatology** 2010 **62:3** SUPPL. 1 (AB90)

**Abstract**

Chikungunya is an alphavirus transmitted by the Aedes mosquito. Severe atypical cases, defined as requiring the maintenance of at least one vital function or demise during the course of the disease, are now increasingly recognized since the 2005/2006 outbreak in Reunion. Vesiculobullous Chikungunya is rarely described in adults and is associated with a poor clinical prognosis. We report a case of severe Chikungunya in an adult with an extensive blistering dermatosis who progressed to develop septic shock, rhabdomyolysis, and Guillain-Barré syndrome. Initial laboratory investigations revealed mild leukocytosis, a low normal platelet count of 143000/L (normal range, 140-440 × 109/L), markedly elevated creatinine kinase, and creatinine. Histologic examination revealed a subepidermal blister with a few mononuclear cells and some fibrin strands. Direct immunofluorescence of perilesional skin was negative. The serum Chikungunya reverse transcription real-time polymerase chain reaction (RT-PCR) serology for Chikungunya IgG and IgM were positive; dengue PCR was negative. Blister fluid and paraffin block section of the blister for chikungunya RT-PCR were positive. While little is known about vesiculobullous Chikungunya, this entity may herald a more severe clinical course of illness and mortality. Our patient featured an array of rare manifestations of Chikungunya, including blistering dermatoses, rhabdomyolysis, acute renal failure, hypotension, autonomic neuropathy of the bladder, and Guillain-Barre syndrome. Clinicians should have a high index of suspicion for this entity in epidemic, endemic areas and in the returning traveler.

**Drug Terms**

fibrin, immunoglobulin G, immunoglobulin M, paraffin, creatine kinase, creatinine

**Disease Terms**

**chikungunya**, blister, rhabdomyolysis, skin disease, dengue, acute kidney failure, hypotension, autonomic neuropathy, Guillain Barre syndrome, epidemic, septic shock, leukocytosis

**Other Terms**

**disease course, dermatology**, adult, mononuclear cell, immunofluorescence, skin, serum, reverse transcription, real time polymerase chain reaction, serology, mortality, patient, general aspects of disease, bladder, Aedes, mosquito, Reunion, laboratory, thrombocyte count, examination, prognosis

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## Record 84

**Chikungunya mimicking atypical kawasaki disease in an infant**

Lee Y.S., Quek S.C., Koay E.S.C., Tang J.W.-T.

**Pediatric Infectious Disease Journal** 2010 **29:3** (275-277)**Abstract**

We report a 4-month-old boy with seizure, a 1-day history of fever, and a generalized maculopapular rash on the trunk and limbs. In very young children, acute chikungunya infection can mimic Kawasaki disease, and its prompt diagnosis, particularly in an endemic area like Singapore, may avoid the administration of costly and unnecessary intravenous immunoglobulin therapy. © 2010 Lippincott Williams & Wilkins.

**Drug Terms**

aciclovir, ampicillin, aspartate aminotransferase, C reactive protein, chloride, gentamicin, glucose, immunoglobulin G, immunoglobulin M, lactic acid, protein, virus RNA

**Disease Terms**

chickenpox, chikungunya infection, drowsiness, fever, hepatomegaly, hyperpyrexia, loose feces, lymphocytopenia, lymphocytosis, maculopapular rash, **mucocutaneous lymph node syndrome**, neutropenia, seizure, sepsis, swelling, tonic seizure, virus infection

**Other Terms**

article, aspartate aminotransferase blood level, blood culture, blood pressure, body temperature, body weight, case report, cerebrospinal fluid analysis, **Chikungunya virus**, chloride blood level, disease course, erythrocyte count, glucose blood level, head circumference, human, infant, irritability, lactate blood level, leukocyte count, limb, liver function test, lumbar puncture, male, polymerase chain reaction, priority journal, protein blood level, pulse rate, Singapore, trunk, two dimensional echocardiography

**Author Keywords**

Chikungunya virus, Edema, Fever, Kawasaki disease, Rash

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C reactive protein ([9007-41-4](#) )  
 aciclovir ([59277-89-3](#) )  
 ampicillin ([69-52-3](#) , [69-53-4](#) , [7177-48-2](#) , [74083-13-9](#) , [94586-58-0](#) )

## CAS Registry Numbers

aspartate aminotransferase ([9000-97-9](#) )  
 chloride ([16887-00-6](#) )  
 gentamicin ([1392-48-9](#) , [1403-66-3](#) ,  
[1405-41-0](#) )  
 glucose ([50-99-7](#) , [84778-64-3](#) )  
 immunoglobulin G ([97794-27-9](#) )  
 immunoglobulin M ([9007-85-6](#) )  
 lactic acid ([113-21-3](#) , [50-21-5](#) )  
 protein ([67254-75-5](#) )

## Record 85

## Meningitis determined by oligosymptomatic dengue virus type 3 infection: Report of a case

[Soares C.N.](#), [Cabral-Castro M.J.](#), [Peralta J.M.](#), [Freitas M.R.G.](#), [Puccioni-Sohler M.](#)  
**International Journal of Infectious Diseases** 2010 **14:2** (e150-e152)

### Abstract

Dengue infection is a mosquito-borne disease caused by a flavivirus, and is recognized in over 100 countries with 2.5 billion people living in areas of risk. Neurological manifestations such as encephalitis, myelitis, Guillain-Barré syndrome, cranial nerve palsies, neuromyelitis optica, and encephalomyelitis have been recognized as clinical consequences of dengue infection. Meningitis is a rare complication. We report the case of a 24-year-old woman who presented with fever, headache, and nuchal rigidity without the typical symptoms of dengue infection. Cerebrospinal fluid analysis showed lymphocytic pleocytosis with a normal glucose value and negative bacterial and fungal cultures. The etiology of meningitis was confirmed by positive dengue PCR in the serum. This case report highlights dengue infection as a potential cause of meningitis in endemic areas. Also, meningitis can be the first manifestation of the infection. Dengue should be investigated even in the absence of a typical picture of the infection. © 2009 International Society for Infectious Diseases.

### Disease Terms

**dengue**, endemic disease, **meningitis**

### Other Terms

adult, article, case report, cerebrospinal fluid analysis, Dengue virus, dengue virus type 3 infection, enzyme linked immunosorbent assay, female, hospitalization, human, hydration, immunoglobulin blood level, lumbar puncture, medical record review, neurologic examination, reverse transcription polymerase chain reaction, symptomatology, treatment outcome

### Author Keywords

CSF, Dengue infection, Neurological manifestations, Viral meningitis

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Embase Accession Number	2010103563
Number of References	14
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**Record 86****Neurological complication of dengue infection**Murthy J.M.K.**Neurology India** 2010 **58:4** (581-584)**Abstract**

Dengue infection is endemic in more than 100 countries, mostly in the developing world. Recent observations indicate that the clinical profile of dengue is changing, and that neurological manifestations are being reported more frequently. The exact incidence of various neurological complications is uncertain. The pathogenesis of neurological manifestations is multiple and includes: neurotrophic effect of the dengue virus, related to the systemic effects of dengue infection, and immune mediated. In countries endemic to dengue, it will be prudent to investigate for dengue infection in patients with fever and acute neurological manifestations. There is need for understanding of the pathogenesis of various neurological manifestations.

**Disease Terms**

acute disseminated encephalomyelitis, brain disease, **dengue**, encephalitis, endemic disease, fever, Guillain Barre syndrome, hypokalemic periodic paralysis, mononeuropathy, myelitis, myositis, **neurological complication**, cerebrovascular accident

**Other Terms**

clinical feature, human, incidence, review

**Author Keywords**

Dengue infections, encephalitis, encephalopathy, Guillain-Barre syndrome, myelitis, myositis

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Embase Accession Number	2010486391
Number of References	69
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**Record 87****Dengue infection causing acute hypokalemic quadriparesis**Jha S., Ansari M.K.**Neurology India** 2010 **58:4** (592-594)**Abstract**

Dengue infection is endemic to India and an important public health problem. We report three confirmed cases of dengue infection with acute, pure motor, reversible quadriparesis due to hypokalemia. Clinicians should be aware of such an association and consider the clinical possibility in the differential diagnosis while evaluating acute

quadriparesis in patients with dengue fever, especially in endemic areas.

#### Drug Terms

creatine kinase, glucose, potassium, potassium chloride, sodium

#### Disease Terms

acute disease, acute hypokalemic quadriparesis, dengue, endemic disease, hypokalemia, quadruplegia

#### Other Terms

adult, article, case report, clinical feature, conservative treatment, differential diagnosis, disease association, disease duration, electrocardiography, electrolyte balance, enzyme linked immunosorbent assay, health care personnel, hospital admission, human, laboratory test, leukocyte count, male, muscle strength, neurologic examination, oxygen saturation, patient monitoring, thrombocyte count, treatment outcome

#### Author Keywords

Dengue, Guillain-Barre syndrome, hypokalemia, quadriparesis

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Language of Article	English
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MEDLINE PMID	<a href="#">20739798</a>
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Number of References	10
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CAS Registry Numbers	creatine kinase ( <a href="#">9001-15-4</a> ) glucose ( <a href="#">50-99-7</a> , <a href="#">84778-64-3</a> ) potassium ( <a href="#">7440-09-7</a> ) potassium chloride ( <a href="#">7447-40-7</a> ) sodium ( <a href="#">7440-23-5</a> )

#### Record 88

### Neurologic dengue manifestations associated with intrathecal specific immune response

Puccioni-Sohler M., Soares C.N., Papaiz-Alvarenga R., Castro M.J.C., Faria L.C., Peralta J.M.

**Neurology** 2009 **73:17** (1413-1417)

#### Abstract

**BACKGROUND:** Dengue infection is caused by a flavivirus, with 4 virus serotypes (types 1 to 4). The serotypes 2 and 3 represent the principal agents related to nervous system involvement. Neurologic involvement occurs in 4%-5% of dengue infection cases. The major mechanisms of the disease may be related to direct viral infection or postinfectious autoimmune process. The detection of intrathecal synthesis of specific antibodies has been used to support neurologic diagnosis as a proof of local reaction. It may be quantitatively calculated by the specific antibody index. **OBJECTIVES:** To determine if patients with neurologic manifestations associated with dengue produce specific antibodies in the CNS and to determine the antibodies clinical and pathophysiologic relevance. **METHODS:** CSF and serum were evaluated for dengue immunoglobulin M (IgM) and immunoglobulin G (IgG) antibodies by ELISA and for intrathecal synthesis of IgG antibodies to the dengue virus. Subjects included 10 patients IgM seropositive for dengue virus diagnosed with myelitis, encephalitis, optic neuromyelitis, or Guillain-Barré syndrome. **RESULTS:** All patients had IgG and IgM

antibodies to dengue virus in their sera; 7 were IgM positive and 9 were IgG positive for dengue virus in CSF. Only the 3 patients with myelitis had intrathecal synthesis of specific IgG antibodies. **CONCLUSIONS:** Intrathecal synthesis of antibodies to dengue virus occurs in the CNS. It may be used as a marker of myelitis associated with dengue, and it seems to be related to the pathogenesis of spinal cord disease due to direct viral invasion. Copyright © 2009 by AAN Enterprises, Inc.

#### Drug Terms

**immunoglobulin G antibody, immunoglobulin M antibody**

#### Disease Terms

**dengue, encephalitis, Guillain Barre syndrome, myelitis, myelooptic neuropathy, neurologic disease**

#### Other Terms

adult, aged, antibody blood level, **antibody production**, article, cerebrospinal fluid level, clinical article, controlled study, female, human, immune response, male, pathophysiology, priority journal, subarachnoid space

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Publisher Item Identifier	0000611420091027000014
MEDLINE PMID	<a href="#">19858464</a>
Embase Accession Number	2009569011
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Cited by in Scopus	<a href="#">36</a>

#### Record 89

### No association between guillain-barré syndrome and dengue fever

[Santos J.](#), [Marques W.](#), [Fazan V.P.S.](#), [Barreira A.A.](#)

**Journal of the Peripheral Nervous System** 2009 **14** SUPPL. 2 (132)

#### Abstract

Dengue fever has been reported to be associated with higher incidence of Guillain-Barré syndrome (GBS) on the basis of a population study during an epidemic outbreak of the disease in Cuba. There are also some occasional case reports of this association. The objective of the present study was to look for an association between GBS and dengue fever in Ribeirão Preto, São Paulo, Brazil where a dengue fever epidemic outbreak occurred in 1990 and 1991. The medical records of all hospitalized GBS patients in the city from 1987 to 1997 were revisited. An average incidence of 1.06 GBS cases per 100,000 inhabitants, varying from 0.24 to 1.91 per 100,000, was found along the study. There was no seasonal preponderance. The incidence of GBS was 1.58/100.000 (7 cases) in 1990 and 0.69/100.000 inhabitants (3 cases) in 1991. A precedent infection was observed in 65.7% of GBS cases, mainly upper airway infections and diarrhea. In none of these cases dengue was present, even in 1990 and 1991, when its incidence was 546.9/100.000 in 1990 and 56.7/100.000, respectively. We conclude that in Ribeirão Preto, dengue fever is not associated with GBS syndrome as was registered in Cuba. The reported association between GBS and



dengue fever could occur on the basis of isolated cases and could depend on the genetic background of the population.

#### Disease Terms

**dengue**, epidemic, infection, upper respiratory tract infection, diarrhea

#### Other Terms

**society**, **peripheral nerve**, Cuba, population, population research, city, Brazil, medical record, patient, case report

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#### Record 90

### Use of an enhanced surveillance system for encephalitis and aseptic meningitis for the detection of neurologic manifestations of dengue in Puerto Rico, 2003.

[García-Rivera E.J.](#), [Vorndam V.](#), [Rigau-Pérez J.G.](#)

**Puerto Rico health sciences journal** 2009 **28:2** (114-120)

#### Abstract

Dengue infection has been implicated as a cause of neurologic manifestations since the beginning of the 20th century. An enhanced surveillance system for encephalitis and aseptic meningitis developed by the Puerto Rico Department of Health in collaboration with the Dengue Branch, Centers for Disease Control and Prevention, identified eleven laboratory positive dengue patients presenting with neurologic manifestations in 2003. Anti-dengue IgM antibody was detected in serum of eight patients and in cerebrospinal fluid of one patient. DENV-2 and DENV-3 were isolated from the serum of one patient each. All patients were negative for serologic markers of West Nile Virus and St. Louis encephalitis. Nine (82%) of the 11 patients had symptoms compatible with encephalitis. Their median age was 46 years (range: 9 months - 82 years) and five were males. Symptoms included severe headache, seizures, altered mental status, confusion, and coma. A motor disorder (upper extremities weakness and Guillain Barré Syndrome, respectively) occurred in two additional patients. Most patients recovered but there were two fatalities. Neurologic manifestations of dengue were rarely reported in Puerto Rico until the institution of enhanced surveillance, which resulted in the recognition of severe and fatal cases.

#### Disease Terms

**aseptic meningitis**, **cognitive defect**, **dengue**, **encephalitis**, **Guillain Barre syndrome**, **paresis**, **Puerto Rico**, **virus encephalitis**, **virus infection**

#### Other Terms

adult, aged, article, female, **health survey**, human, infant, male, medical record, middle aged, statistics

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#### Record 91

### Guillain-Barré syndrome and dengue fever are not associated

[Santos J.](#), [Marques W.](#), [Fazan V.](#), [Barreira A.A.](#)

**Journal of Neurology** 2009 **256** SUPPL. 2 (S234)

#### Abstract

**Objectives:** There are some occasional case reports of the association of dengue fever and the Guillain-Barré syndrome (GBS). Also dengue fever has been reported to be associated with higher incidence of GBS on the basis of a population study during an epidemic outbreak of the disease in Cuba. This study was designed to look for an association between GBS and dengue fever in Ribeirão Preto, São Paulo, Brazil where a dengue fever epidemic outbreak occurred in 1990 and 1991. **Methods:** The medical records of all hospitalized GBS patients in the city from 1987 to 1997 and those from of all dengue cases in 1990 and 1991 were revised. **Results:** An average incidence of 1.06 GBS cases per 100,000 inhabitants, varying from 0.24 to 1.91 per 100,000, was found along the study. There was no seasonal preponderance. The incidence of GBS was 1.58/100.000 (7 cases) in 1990 and 0.69/100.000 inhabitants (3 cases) in 1991. A precedent infection was observed in 65,7% of GBS cases, mainly upper airway infections (UAI) and diarrhea. In none of these cases dengue was present, even in 1990 and 1991, when its incidence was 546.9/100.000 and 56.7/100.000, respectively. **Conclusions:** We conclude that in Ribeirão Preto, dengue fever is not associated with GBS syndrome as was registered in Cuba. The association of dengue fever and GBS could depend on the genetic background of the population or to occur on the basis of isolated cases.

#### Disease Terms

**dengue**, epidemic, diarrhea, infection, upper respiratory tract infection

#### Other Terms

**society**, Cuba, population, case report, Brazil, medical record, patient, city, population research

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**Record 92****Guillain-barré syndrome after chikungunya infection**

[Lebrun G.](#), [Chadda K.](#), [Reboux A.-H.](#), [Martinet O.](#), [Gaüzère B.-A.](#)

**Emerging Infectious Diseases** 2009 **15:3** (495-496)

**Abstract****Drug Terms**

immunoglobulin

**Disease Terms**

Guillain Barre syndrome, virus infection

**Other Terms**

adult, anamnesis, artificial ventilation, case report, **Chikungunya virus**, clinical feature, disease association, disease severity, electromyography, female, human, laboratory test, letter

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Embase Accession Number	2009168007
Number of References	8
Cited by in Scopus	<a href="#">27</a>
CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> )

**Record 93****Acute inflammatory motor axonopathy associated with dengue fever**

[Gupta P.](#), [Jain V.](#), [Chatterjee S.](#), [Agarwal A.K.](#)

**Journal, Indian Academy of Clinical Medicine** 2009 **10:1-2** (58-59)

**Abstract**

A 24-year-old unmarried male presented with acute flaccid weakness of both lower limbs following a febrile illness of 3 days. During work-up the IgM and IgG antibodies for dengue virus were found positive. The PCR for dengue was also positive. The nerve conduction velocity study showed peripheral axonal neuropathy involving large motor fibres. The patient was treated with intravenous human immunoglobulins. He had a rapid and complete recovery.

**Drug Terms**

immunoglobulin

**Disease Terms**

dengue, fever, Guillain Barre syndrome, limb weakness, motor neuropathy, neurogenic inflammation

**Other Terms**

adult, article, case report, convalescence, Dengue virus, human, male, motor nerve, nerve conduction, nerve fiber, polymerase chain reaction, serology, treatment outcome

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CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> )

**Record 94**

## Neurological manifestations in Chikungunya: About 23 cases collected in Reunion Island

[Tournebise P.](#), [Charlin C.](#), [Lagrange M.](#)

*Revue Neurologique* 2009 **165**:1 (48-51)

**Abstract**

**Introduction.** We are reporting 23 cases of patients presenting neurological symptoms in the setting of a chikungunya outbreak that occurred in the Indian Ocean from March 2005 to April 2006. These symptoms were the cause of admission in our ward, mainly via the emergency room. **Case reports.** In the acute phase of their illness, 23 patients presented neurological symptoms associated with positive CSF tests (specific IgM or RT-PCR). Clinical manifestations included disrupted behavior or altered mental status in 95% of patients, headache in 30.4%, seizure in 26%, motor dysfunction in 4.3% and sensorial disorders in 8.7%. Outcome was fatal in two patients during their hospitalisation and several months after discharge in three other elderly bedridden patients with altered general status. CSF analysis was sometimes but not always inflammatory. CT or MRI, when done, showed no recent abnormality. EEG disclosed most often of a diffuse moderately slowed activity with no pseudo-periodic or unusual pattern. A few epileptic aspects were seen in known epileptic patients. The outcome of the neurological symptoms was generally good over a few days, contrasting with persisting impairment of general status and severe joint pains leading to a bedridden state and death in three patients. **Conclusion.** Nervous system involvement was not uncommon during the chikungunya outbreak in Reunion Island in 2005 and 2006. The most frequent expression was moderate confusion occurring during the acute phase of infection. Peripheral nerve involvement in the form of a typical Guillain Barre syndrome was also observed. In general, the neurological outcome was very good. Fatal issues occurring in the early stages or later on (five out of 23 patients) were related to altered general condition in debilitated bedridden elderly patients. © 2008 Elsevier Masson SAS.

**Drug Terms**

[immunoglobulin M](#)

**Disease Terms**

[behavior disorder](#), epileptic state, Guillain Barre syndrome, headache, [mental disease](#), [neurologic disease](#), [sensory dysfunction](#)

**Other Terms**

adult, aged, article, cerebrospinal fluid cytology, **Chikungunya virus**, clinical article, clinical assessment, clinical feature, computer assisted tomography, electroencephalogram, emergency ward, female, follow up, human, male, nervous system, nuclear magnetic resonance imaging, outcome assessment, radiodiagnosis, Reunion, reverse transcription polymerase chain reaction

**Author Keywords**

Chikungunya virus, Encephalitis, Guillain Barré syndrome

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Cited by in Scopus	<a href="#">31</a>
CAS Registry Numbers	immunoglobulin M ( <a href="#">9007-85-6</a> )

**Record 95****Dengue infection in patients presenting with neurological manifestations in a dengue endemic population**[Jackson S.T.](#), [Mullings A.](#), [Bennett F.](#), [Khan C.](#), [Gordon-Strachan G.](#), [Rhoden T.](#)  
**West Indian Medical Journal** 2008 **57:4** (373-376)**Abstract**

The evaluation of the contribution of neurological dengue in suspected central nervous system (CNS) viral infections is essential to better understand the impact of neurological dengue on morbidity and mortality in dengue endemic regions such as Jamaica. For this study, 401 cases of suspected viral CNS infections were investigated for evidence of dengue infection. The frequency of neurological dengue among these CNS cases was found to be 13.5% (54/401). Fifty-three cases were confirmed serologically by haemagglutination inhibition assay (HI) and IgM antibody (ELISA) and the virus was isolated in one case only. Clinical manifestations among dengue positive CNS cases included encephalitis in 51.8% (28/54), meningitis in 33.3% (18/54), seizures in 11.1% (6/54) and acute flaccid paralysis/Guillain-Barré syndrome in 3.7% (2/54). The clinical diagnosis of dengue neurological infection corresponded with laboratory confirmation in 22.2% (12/54) of cases only. Deaths occurred in 3.7% (2/54) of cases and were associated with patients with dengue neurological infection. The high risk of dengue among patients with suspected viral CNS infections in this study supports the need for an increased index of suspicion of dengue in patients presenting with neurological manifestations in dengue endemic countries.

**Drug Terms**[immunoglobulin M antibody](#)**Disease Terms**[acute disease](#), [central nervous system infection](#), [dengue](#), [endemic disease](#), [flaccid paralysis](#), [Guillain Barre syndrome](#), [neurologic disease](#), [seizure](#), [virus encephalitis](#), [virus meningitis](#)**Other Terms**

adolescent, adult, article, clinical assessment, clinical feature, controlled study, Dengue virus, enzyme linked immunosorbent assay, female, hemagglutination, human, infection risk, Jamaica, major clinical study, male, morbidity, mortality, neurologic examination, nonhuman, risk assessment, school child, serology, virus isolation

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Number of References	18
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Record 96

**Severe disease manifestations associated with acute chikungunya virus infection**  
[Farnon E.C.](#), [Sejvar J.J.](#), [Staples J.E.](#)  
**Critical Care Medicine** 2008 **36:9** (2682-2683)

**Abstract**

**Drug Terms**  
immunoglobulin M

**Disease Terms**  
fever, Guillain Barre syndrome, pleocytosis, **virus infection**

**Other Terms**  
Aedes, Africa, Asia, cerebrospinal fluid analysis, **Chikungunya virus**, editorial, priority journal, virus transmission

**Author Keywords**  
Arbovirus, Chikungunya virus, Encephalitis, Guillain-Barré syndrome, Hepatitis, Meningitis, Myocarditis

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CAS Registry Numbers	immunoglobulin M ( <a href="#">9007-85-6</a> )

## Record 97

### Serious acute chikungunya virus infection requiring intensive care during the reunion island outbreak in 2005-2006

[Lemant J.](#), [Boisson V.](#), [Winer A.](#), [Thibault L.](#), [André H.](#), [Tixier F.](#), [Lemerrier M.](#), [Antok E.](#), [Cresta M.P.](#), [Grivard P.](#), [Besnard M.](#), [Rollet O.](#), [Favier F.](#), [Huerre M.](#), [Campinos J.L.](#), [Michault A.](#)

**Critical Care Medicine** 2008 **36:9** (2536-2541)

#### Abstract

OBJECTIVE: To report the clinical and laboratory findings of adults with serious chikungunya virus acute infection hospitalized in an intensive care unit. DESIGN: Case series study from August 2005 to May 2006. SETTING: Medical intensive care unit, South Reunion Hospital. PATIENTS: We observed 33 episodes of confirmed acute chikungunya virus infection (chikungunya virus-IgM or reverse transcription-polymerase chain reaction positive in the serum) admitted to the intensive care unit. INTERVENTIONS: We collected cerebrospinal fluid, serum, and sometimes tissue samples from patients with suspected chikungunya fever in our intensive care unit. These samples underwent viral testing for evidence of acute chikungunya virus infection. MEASUREMENTS AND MAIN RESULTS: Of the 33 patients, 19 (58%) had chikungunya virus specific manifestations, 8 (24%) had associated acute infectious disease and 6 (18%) exacerbations of previous complaints. Among the chikungunya virus specific manifestations, we identified 14 cases of encephalopathy, one case each of myocarditis, hepatitis and Guillain Barré syndrome. Eighty-five percent of patients had a McCabe score = 1 (for nonfatal or no underlying disease). Mortality was 48%. CONCLUSIONS: Chikungunya virus infection may be responsible for very severe clinical presentation, including young patients with unremarkable medical histories. Chikungunya virus infection is strongly suspected to have neurologic, hepatic, and myocardial tropism leading to dramatic complications and high mortality rate. © 2008 by the Society of Critical Care Medicine and Lippincott Williams & Wilkins.

#### Drug Terms

[immunoglobulin M](#)

#### Disease Terms

[brain disease](#), disease exacerbation, epidemic, fever, [Guillain Barre syndrome](#), [hepatitis](#), [myocarditis](#), [septic shock](#), [virus infection](#)

#### Other Terms

adult, aged, article, case study, cerebrospinal fluid, **Chikungunya virus**, clinical article, clinical feature, clinical study, female, heart muscle, history, hospital, hospital admission, hospital patient, human, human cell, human tissue, **intensive care**, intensive care unit, laboratory test, liver, male, mortality, neurology, priority journal, Reunion, reverse transcription polymerase chain reaction, sample, scoring system, serum, virus examination

#### Author Keywords

Arbovirus, Chikungunya, Encephalopathy, Myocarditis, Viral hepatitis

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CAS Registry Numbers	immunoglobulin M ( <a href="#">9007-85-6</a> )

**Record 98****Overview of selected infectious disease risks for the corporate traveler**

[Hudson T.W.](#), [Fortuna J.](#)

**Journal of Occupational and Environmental Medicine** 2008 **50:8** (924-934)

**Abstract**

International business travel to under-developed and developing countries has increased considerably over the past two decades. Most of these destinations are endemic to a variety of infectious diseases, many of which are associated with considerable morbidity, mortality, or both and the nonimmune, unprepared corporate traveler is at risk. Comprehensive pretravel consultation is essential to prevent travel-related illness. This review addresses some of the infectious diseases that can be acquired during international travel, including regions of endemicity, assessment of risk, and available means of prevention. In addition, we discuss data concerning current practices and attitudes of travelers, along with some of the issues surrounding the counseling of corporate travelers. Copyright © 2008 by American College of Occupational and Environmental Medicine.

**Drug Terms**

[ampicillin](#), [bismuth salicylate](#), [chloramphenicol](#), [ciprofloxacin](#), [cotrimazine](#), influenza vaccine, [hepatitis A](#) [hepatitis B vaccine](#), [hepatitis A vaccine](#), [hepatitis B vaccine](#), [influenza vaccine](#), [probiotic agent](#), [typhoid vaccine](#), unclassified drug, [yellow fever vaccine](#)

**Disease Terms**

[autoimmune disease](#), [cholera](#), [dehydration](#), [dengue](#), [drug fatality](#), [electrolyte disturbance](#), endemic disease, [giardiasis](#), [Guillain Barre syndrome](#), [hemorrhagic fever](#), [hepatitis A](#), [hepatitis B](#), [Human immunodeficiency virus infection](#), [infection](#), [infestation](#), [influenza](#), [injection site inflammation](#), [injection site pain](#), [injection site swelling](#), [leishmaniasis](#), [malaria](#), [neurologic disease](#), [rabies](#), [Rickettsiaceae infection](#), [rickettsiosis](#), [traveller diarrhea](#), [typhoid fever](#), [unspecified side effect](#), [yellow fever](#)

**Other Terms**

attitude to health, chemoprophylaxis, consultation, counseling, early intervention, **emporiatics**, health service, high risk population, human, Human immunodeficiency virus, Human immunodeficiency virus infected patient, infection prevention, **infection risk**, knowledge, morbidity, mortality, oral rehydration therapy, population risk, review, risk assessment, travel, United States, vaccination

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Country of Source	United States
Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">18695451</a>
Embase Accession Number	2009325191
Number of References	77
Cited by in Scopus	<a href="#">4</a>
Drug Tradenames	fluarix (Glaxo SmithKline, Belgium), flulaval (ID Biomedical, United States), flumist (Medimmune, United States), fluvirin (Novartis, United States), fluzone (Sanofi Pasteur, United States), havrix (Glaxo SmithKline, United States), twinrix (Glaxo SmithKline, Belgium), typhim vi (Aventis Pasteur, United States), vaqta (Merck, United States)
Drug Manufacturers	Aventis Pasteur (United States), Glaxo SmithKline (Belgium), Glaxo SmithKline (United States), ID Biomedical (United States), Medimmune (United States), Merck (United States), Novartis (United States), Sanofi Pasteur (United States)
CAS Registry Numbers	ampicillin ( <a href="#">69-52-3</a> , <a href="#">69-53-4</a> , <a href="#">7177-48-2</a> , <a href="#">74083-13-9</a> , <a href="#">94586-58-0</a> ) , bismuth salicylate ( <a href="#">14882-18-9</a> , <a href="#">71156-53-1</a> , <a href="#">7460-14-2</a> ) , chloramphenicol ( <a href="#">134-90-7</a> , <a href="#">2787-09-9</a> , <a href="#">56-75-7</a> ) , ciprofloxacin ( <a href="#">85721-33-1</a> ) , cotrimazine ( <a href="#">39474-58-3</a> )

Record 99

Oligosymptomatic dengue infection: A potential cause of Guillain Barré syndrome

[Soares C.N.](#), [Cabral-Castro M.](#), [Oliveira C.](#), [Faria L.C.](#), [Peralta J.M.](#), [De Freitas M.R.G.](#), [Puccioni-Sohler M.](#)

Arquivos de Neuro-Psiquiatria 2008 66:2 A (234-237)

Abstract

Background: Dengue infection may cause neurological manifestations such as encephalitis, myelitis, mononeuropathies, acute disseminated encephalomyelitis, and Guillain Barré syndrome (GBS). In endemic regions, the infection course can be oligosymptomatic making difficult the diagnosis of the neurological picture associated with dengue infection. Objective: To report dengue infection and GBS association, even in oligosymptomatic cases of this infection. Method: During the dengue epidemic in Rio de Janeiro city we looked for GBS cases, testing IgM antibodies for dengue and dengue polymerase chain reaction (PCR) in the cerebrospinal fluid (CSF) and serum. Results: We report seven cases (46.6%), presenting dengue positive IgM in serum but with poor or without clinical symptoms of the previous infection. Two of them had also positive IgM antibodies in CSF. Conclusion: These data show that search for dengue infection should be a routine in GBS cases living in endemic areas.

Drug Terms

[immunoglobulin](#), [immunoglobulin M antibody](#), [prednisone](#)

Disease Terms

[dengue](#), [epidemic](#), [Guillain Barre syndrome](#)

Other Terms

[adolescent](#), [adult](#), [aged](#), [antibody blood level](#), [article](#), [cerebrospinal fluid](#), [child](#), [clinical article](#), [controlled study](#), [disease association](#), [female](#), [human](#), [male](#), [polymerase chain reaction](#), [symptom](#)

Author Keywords

[CSF](#), [Dengue](#), [Guillain Barré syndrome](#), [Polyradiculoneuritis](#), [Radiculoneuropathy](#)

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Language of Article	English
Language of Summary	English, Portuguese
MEDLINE PMID	<a href="#">18545789</a>
Embase Accession Number	2008307112
Number of References	23
Cited by in Scopus	<a href="#">14</a>
CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> ) prednisone ( <a href="#">53-03-2</a> )

Record 100

Dengue presenting as Guillain Barre Syndrome

[Shah I.](#)  
Dengue Bulletin 2007 31 (166-168)

Abstract

Drug Terms

[immunoglobulin](#), [immunoglobulin M](#), [virus antibody](#)

Disease Terms

[ascending progressive motor polyneuropathy](#), [dengue](#), diaphragm paralysis,  
diarrhea, fever, gastroesophageal reflux, [Guillain Barre syndrome](#), [limb weakness](#),  
muscle hypotonia, [polyneuropathy](#), thrombocytopenia

Other Terms

antibody detection, article, case report, differential diagnosis, human, male,  
nerve conduction, preschool child, tendon reflex

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Country of Author	India
Country of Source	India
Language of Article	English
Embase Accession Number	2008541899
Number of References	9
Cited by in Scopus	<a href="#">4</a>
CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> )

## Record 101

### Allogeneic Stem Cell Transplantation in Hematological Disorders: Single Center Experience From Pakistan

[Ullah K.](#), [Ahmed P.](#), [Raza S.](#), [Satti T.](#), [Nisa Q.](#), [Mirza S.](#), [Akhtar F.](#), [Kamal M.K.](#), [Akhtar F.M.](#)

**Transplantation Proceedings** 2007 **39:10** (3347-3357)

#### Abstract

One hundred and fifty-four patients received allogeneic stem cell transplantations from HLA-matched siblings for various hematological disorders from July 2001 to September 2006. Indications for transplantation included aplastic anemia (n = 66),  $\beta$ -thalassemia major (n = 40), CML (n = 33), acute leukemia (n = 8), and miscellaneous disorders (n = 7). One hundred and twenty patients were males and 34 were females. Median patient age was 14 years (range, 11/4-54 years). All patients achieved successful engraftment. Median time to engraftment (ANC > 0.5  $\times$  10<sup>9</sup>/L) was 14 days. Posttransplant complications encountered in our patients included acute graft versus host disease (GvHD) (grade II-IV) 28.5%, chronic GvHD 15.5%, hemorrhagic cystitis 9.7%, VOD liver 5.1%, acute renal failure 3.2%, bacterial infections 51.2%, fungal infections 15.0%, cytomegalovirus (CMV) infection 4%, herpes zoster 4%, tuberculosis 2.6%, Pneumocystis jirovicii infection 0.6%, malaria 0.6% patients, graft rejection 5.2% patients, and relapse in 4% patients. Certain unexpected and rare posttransplant complications were also observed in our patients. These included Hickman catheter embolization, Guillain-Barré (GB) syndrome, deep vein thrombosis, hemorrhagic pericarditis with clots leading to cardiac tamponade, idiopathic polycythemia, dengue fever, and cyclosporine-induced neurotoxicity. Mortality was observed in 27.2% patients. Major causes of mortality were GvHD, VOD, disease relapse, intracranial hemorrhage, acute renal failure, pseudomonas septicemia, tuberculosis, disseminated aspergillosis, and CMV infection. At 5 years, overall survival (OS) and disease-free survival (DFS) rates were 72.5% and 70.7%, respectively. © 2007 Elsevier Inc. All rights reserved.

#### Drug Terms

aciclovir, [albendazole](#), alemtuzumab, azathioprine, [busulfan](#), chloroquine, ciprofloxacin, cotrimoxazole, [cyclophosphamide](#), [cyclosporin A](#), ethambutol, filgen, fluconazole, fludarabine, folinic acid, granulocyte colony stimulating factor, hydroxyurea, [immunoglobulin](#), immunosuppressive agent, isoniazid, lymphoblast antibody, lymphocyte antibody, melphalan, [methotrexate](#), metronidazole, pentamidine, [prednisolone](#), pyrazinamide, rifampicin, thymocyte antibody, unclassified drug, unindexed drug

#### Disease Terms

[acute graft versus host disease](#), [acute kidney failure](#), [acute leukemia](#), [aplastic anemia](#), [aspergillosis](#), [bacterial infection](#), [beta thalassemia](#), [brain hemorrhage](#), [chronic graft versus host disease](#), [chronic myeloid leukemia](#), [cytomegalovirus infection](#), [deep vein thrombosis](#), [dengue](#), [embolism](#), [graft rejection](#), [Gram negative infection](#), [Guillain Barre syndrome](#), [heart tamponade](#), [hematologic disease](#), [hemorrhagic cystitis](#), [herpes zoster](#), [liver venoocclusive disease](#), [malaria](#), [mycosis](#), [neurotoxicity](#), [pericarditis](#), [pneumocystosis](#), [polycythemia](#), [postoperative complication](#), relapse, [septicemia](#), [tuberculosis](#)

#### Other Terms

adolescent, adult, **allogeneic stem cell transplantation**, article, child, disease free survival, drug dose reduction, female, human, major clinical study, male, mortality, overall survival, Pakistan, Pneumocystis jiroveci, priority journal, Pseudomonas, single drug dose, treatment indication

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Country of Source	United States
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Publisher Item Identifier	S0041134507011323
MEDLINE PMID	<a href="#">18089384</a>
Embase Accession Number	2007606560
Number of References	64
Cited by in Scopus	<a href="#">10</a>
Drug Tradenames	campath 1h, filgen
Drug Manufacturers	Sangstat (France)

CAS Registry Numbers	aciclovir ( <a href="#">59277-89-3</a> ) albendazole ( <a href="#">54965-21-8</a> ) alemtuzumab ( <a href="#">216503-57-0</a> ) azathioprine ( <a href="#">446-86-6</a> ) busulfan ( <a href="#">55-98-1</a> ) chloroquine ( <a href="#">132-73-0</a> , <a href="#">3545-67-3</a> , <a href="#">50-63-5</a> , <a href="#">54-05-7</a> ) ciprofloxacin ( <a href="#">85721-33-1</a> ) cotrimoxazole ( <a href="#">8064-90-2</a> ) cyclophosphamide ( <a href="#">50-18-0</a> ) cyclosporin A ( <a href="#">59865-13-3</a> , <a href="#">63798-73-2</a> ) ethambutol ( <a href="#">10054-05-4</a> , <a href="#">1070-11-7</a> , <a href="#">3577-94-4</a> , <a href="#">74-55-5</a> ) fluconazole ( <a href="#">86386-73-4</a> ) fludarabine ( <a href="#">21679-14-1</a> ) folinic acid ( <a href="#">58-05-9</a> ) hydroxyurea ( <a href="#">127-07-1</a> ) immunoglobulin ( <a href="#">9007-83-4</a> ) isoniazid ( <a href="#">54-85-3</a> , <a href="#">62229-51-0</a> , <a href="#">65979-32-0</a> ) melphalan ( <a href="#">148-82-3</a> ) methotrexate ( <a href="#">15475-56-6</a> , <a href="#">59-05-2</a> , <a href="#">7413-34-5</a> ) metronidazole ( <a href="#">39322-38-8</a> , <a href="#">443-48-1</a> ) pentamidine ( <a href="#">100-33-4</a> ) prednisolone ( <a href="#">50-24-8</a> ) pyrazinamide ( <a href="#">98-96-4</a> ) rifampicin ( <a href="#">13292-46-1</a> )
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**Record 102****Guillain-Barré syndrome complicating a Chikungunya virus infection**

Wielanek A.C., Monredon J.D., Amrani M.E., Roger J.C., Serveaux J.P.  
**Neurology** 2007 **69:22** (2105-2107)

**Abstract****Drug Terms**

[immunoglobulin](#), [immunoglobulin M antibody](#)

**Disease Terms**

areflexia, facial nerve paralysis, [Guillain Barre syndrome](#), hypesthesia,  
[virus infection](#)

**Other Terms**

adult, article, artificial ventilation, case report, **Chikungunya virus**, clinical feature,  
 disease association, female, human, male, nerve conduction,  
 neurologic examination, priority journal,  
 reverse transcription polymerase chain reaction, serodiagnosis, treatment duration,  
 virus genome

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Language of Article	English
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MEDLINE PMID	<a href="#">18040016</a>
Embase Accession Number	2007577798
Number of References	5
Cited by in Scopus	<a href="#">32</a>
CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> )

Record 103

Guillain-Barré Syndrome Following Dengue Fever

[Chen T.-Y.](#), [Lee C.-T.](#)  
**Annals of Emergency Medicine** 2007 **50**:1 (94-95)

Abstract

**Disease Terms**  
dengue, Guillain Barre syndrome

**Other Terms**  
aged, case report, clinical feature, electrophysiology, emergency ward, female, human, letter, physical examination, priority journal

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Language of Article	English
Publisher Item Identifier	S0196064407003678
MEDLINE PMID	<a href="#">17572299</a>
Embase Accession Number	2007286488
Number of References	8
Cited by in Scopus	<a href="#">7</a>

Record 104

Dengue infection: neurological manifestations and cerebrospinal fluid (CSF) analysis

[Soares C.N.](#), [Faria L.C.](#), [Peralta J.M.](#), [de Freitas M.R.G.](#), [Puccioni-Sohler M.](#)  
**Journal of the Neurological Sciences** 2006 **249:1** (19-24)

### Abstract

Neurological manifestation is considered a rare complication of dengue infection. Neurological and cerebrospinal fluid (CSF) findings of 13 patients with dengue infection were studied. Seven patients had encephalitis, two had myelitis and four showed Guillain-Barré syndrome (GBS). No alteration in CSF was found from 57% of those with encephalitis. Patients with GBS and myelitis showed a CSF-blood barrier dysfunction. The differences in the CSF may be related to the location of the lesion and multiple mechanisms of the disease in the nervous system. © 2006 Elsevier B.V. All rights reserved.

### Disease Terms

**dengue**, [Guillain Barre syndrome](#), [myelitis](#), [neurologic disease](#), [virus encephalitis](#)

### Other Terms

adult, aged, antibody production, article, blood cerebrospinal fluid barrier, cerebrospinal fluid, cerebrospinal fluid analysis, clinical article, female, human, male, nervous system, priority journal, school child

### Author Keywords

CSF, Dengue infection, Myelitis and Guillain-Barré syndrome, Neurological manifestations, Viral encephalitis

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Country of Source	Netherlands
Language of Article	English
Language of Summary	English
Publisher Item Identifier	S0022510X06002784
MEDLINE PMID	<a href="#">16870213</a>
Embase Accession Number	2006534961
Number of References	15
Cited by in Scopus	<a href="#">50</a>

### Record 105

### Chikungunya fever in la reunion island - 2006

[Boutin J.P.](#)

**Medecine Tropicale** 2006 **66:3** (221-225)

### Abstract

The epidemic of Chikungunya fever that has affected the population of La Reunion since Christmas 2005 will be remembered as the most serious public health crises in the island's history. A number of lessons have been learned from this experience with a disease initially considered as benign. In addition to providing a concise chronological account of epidemiological events from the beginning of the outbreak in March 2005, this article describes what was done, what has been learned up to now, what could have been done and what remains to be done. After this outbreak Chikungunya fever can no longer be considered as transient strictly benign disease.

Nor can the population or authorities of La Reunion ever again consider that economic development protects them from the hazards of the tropical environment.

## Drug Terms

**antivirus agent**

## Disease Terms

cardiovascular disease, encephalitis, epidemic, **fever**, Guillain Barre syndrome, hepatitis, kidney failure, meningitis, neurologic disease, respiratory tract disease, tropical disease

## Other Terms

**Chikungunya virus**, chronology, contamination, crisis intervention, disease transmission, environmental sanitation, eradication therapy, health hazard, human, incidence, Indian Ocean, mortality, pathology, public health problem, review

## Author Keywords

Chikungunya, Crisis management, Indian Ocean, La Reunion

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Language of Article	French
Language of Summary	English, French
MEDLINE PMID	<a href="#">16924810</a>
Embase Accession Number	2007594323
Number of References	5
Cited by in Scopus	<a href="#">3</a>

## Record 106

## New developments in flavivirus vaccines with special attention to yellow fever

[Pugachev K.V.](#), [Guirakhoo F.](#), [Monath T.P.](#)

**Current Opinion in Infectious Diseases** 2005 **18:5** (387-394)

## Abstract

Purpose of review: Here we review recent epidemiological trends in flavivirus diseases, findings related to existing vaccines, and new directions in flavivirus vaccine research. We emphasize the need for stepped-up efforts to stop further spread and intensification of these infections worldwide. Recent findings: Although the incidence and geographic distribution of flavivirus diseases have increased in recent years, human vaccines are available only for yellow fever, Japanese encephalitis, tick-borne encephalitis and Kyasanur forest disease. Factors contributing to resurgence include insufficient supplies of available vaccines, incomplete vaccination coverage and relaxation in vector control. Research has been underway for 60 years to develop effective vaccines against dengue, and recent progress is encouraging. The development of vaccines against West Nile, virus recently introduced to North America, has been initiated. In addition, there is considerable interest in improving existing vaccines with respect to increasing safety (e.g. eliminating the newly recognized syndrome of yellow fever vaccine-associated viscerotropic adverse disease), and to reducing the cost and number of doses required for effective immunization. Summary: Traditional approaches to flavivirus vaccines are still employed, while recent advancements in biotechnology produced new approaches to vaccine design, such as recombinant live virus, subunit and DNA vaccines. Live chimeric vaccines against dengue, Japanese encephalitis and West Nile based on yellow fever 17D virus (ChimeriVax) are in phase I/II trials, with encouraging results.

Other chimeric dengue, tick-borne encephalitis and West Nile virus candidates were developed based on attenuated dengue backbones. To further reduce the impact of flavivirus diseases, vaccination policies and vector control programs in affected countries require revision. © 2005 Lippincott Williams & Wilkins.

Drug Terms

ChimeriVax, [dengue vaccine](#), [DNA vaccine](#), [flavimune](#), [inactivated vaccine](#), [live vaccine](#), [recombinant protein](#), [recombinant vaccine](#), sa 14142, yellow fever vaccine, [subunit vaccine](#), [virus vaccine](#), [yellow fever vaccine](#)

Disease Terms

[demyelinating disease](#), [dengue](#), [drug fatality](#), [drug hypersensitivity](#), [encephalitis](#), [epidemic encephalitis](#), [Guillain Barre syndrome](#), [hepatitis](#), [multiple organ failure](#), [neurologic disease](#), [tick borne encephalitis](#), [virus infection](#), [yellow fever](#)

Other Terms

clinical trial, disease transmission, drug cost, drug design, drug efficacy, drug safety, drug tolerability, human, nonhuman, pharmacogenetics, public health service, review, vaccination, vaccine production, vector control, West Nile virus, Yellow fever virus

Author Keywords

Flavivirus, Prevention, Resurgence, Safety, Vaccine, Yellow fever

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Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">16148524</a>
Embase Accession Number	2005425652
Number of References	75
Cited by in Scopus	<a href="#">58</a>
Drug Tradenames	arilvax (Chiron, United Kingdom), ChimeriVax (Acambis), flavimune (Berna Biotech, Switzerland), flavimune (Robert Koch Institute, Germany), sa 14142, stamaril (Sanofi Pasteur, France), yf vax (Sanofi Pasteur, United States)
Drug Manufacturers	Acambis, ADImmune, Baxter (Austria), Berna Biotech (Switzerland), bio manguinos (Brazil), Chiron Behring (Germany), Chiron (United Kingdom), Crucell, Glaxo SmithKline, Hawaii Biotech, institute for poliomyelitis and viral encephalitis (Russian Federation), institute pasteur (Senegal), Intercell (India), kimron, kobe university, MacroGenics, mahidol university, npo virion (Russian Federation), Robert Koch Institute (Germany), Sanofi Pasteur (France), Sanofi Pasteur (United States), University of Queensland, university of vienna, Vical

Record 107

**Severe dengue: Coming soon to a pediatric intensive care unit near you?**  
[Shann F.](#)  
**Pediatric Critical Care Medicine** 2005 **6:4** (490-492)



**Abstract****Drug Terms**

dextran, fresh frozen plasma, [immunoglobulin](#), Ringer lactate solution

**Disease Terms**

bleeding, [dengue](#), disseminated intravascular clotting, [Guillain Barre syndrome](#), [hypovolemic shock](#), [idiopathic thrombocytopenic purpura](#), [mucocutaneous lymph node syndrome](#), respiratory failure, thrombocytopenia

**Other Terms**

Aedes, antigen antibody complex, artificial ventilation, Asia, blood pressure, child, editorial, human, incidence, **intensive care unit**, mortality, plasmapheresis, priority journal, pulse rate, thrombocyte transfusion, world health organization

**Author Keywords**

Dengue, Dengue hemorrhagic fever, Immunoglobulins, Intravenous, Plasma exchange, Plasmapheresis, Shock

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Language of Article	English
MEDLINE PMID	<a href="#">16003212</a>
Embase Accession Number	2005317469
Number of References	19
Cited by in Scopus	<a href="#">4</a>
CAS Registry Numbers	Ringer lactate solution ( <a href="#">8022-63-7</a> ) dextran ( <a href="#">87915-38-6</a> , <a href="#">9014-78-2</a> ) immunoglobulin ( <a href="#">9007-83-4</a> )

**Record 108****Benign acute childhood myositis**

[Rajajee S.](#), [Ezhilarasi S.](#), [Rajarajan K.](#)

**Indian Journal of Pediatrics** 2005 **72:5** (399-400)

**Abstract**

**Objective:** To describe the clinical and laboratory features of benign acute childhood myositis. **Methods:** 40 children of BACM were seen during October 2001 to February 2002, 22 (52%) were male with mean age of 5.3 years. Duration of illness was 3.97 days. Preceding symptoms included fever, leg pain, vomiting and inability to walk. A provisional diagnosis of viral myositis was made in 26 (66%). Guillian Barre Syndrome was the most common referral diagnosis. **Results:** 11 (27.5%) children had leucopenia with lymphocytic response and 16 (40%) had thrombocytopenia. CRP was negative in 32 (80%). CPK was markedly elevated (more than 1000 IU/I) in 18 (45%) and more than 500IU/I in 11 (27.5%) remaining between 200 to 500IU/ I. Associated features were hepatitis (elevated SGOT & SGPT) in 28 (70%) and shock in 5 (12.5%). Serological test were indicative of dengue virus (Elisa PAN BIO) in 20 (50%) of which 8 (25%) were primary dengue and 12 (30%) were secondary dengue. The outcome of therapy mainly supportive were excellent. **Conclusion:** Benign acute myositis occurs often in association with viral infection. In the present study, Dengue virus was positive in 20 (50%) children. Benign acute myositis can be differentiated from more serious causes of walking difficulty by presence of calf and thigh muscle tenderness on stretching, normal power and deep tendon reflex and elevated CPK.

**Disease Terms**

acute disease, benign tumor, fever, Guillain Barre syndrome, hepatitis, leg pain, leukopenia, motor dysfunction, [myositis](#), thrombocytopenia, vomiting

**Other Terms**

article, child, clinical feature, Dengue virus, disease course, female, human, laboratory diagnosis, lymphocyte, male, patient referral, serology, walking

**Author Keywords**

Dengue virus, Guillian Barre Syndrome, Myositis

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MEDLINE PMID	<a href="#">15973022</a>
Embase Accession Number	2005273168
Number of References	6
Cited by in Scopus	<a href="#">22</a>

**Record 109****Guillain-Barre syndrome occurring in the course of dengue fever [7]**

[Kumar S.](#), [Prabhakar S.](#)

**Neurology India** 2005 **53:2** (250-251)

**Abstract****Drug Terms**

[immunoglobulin](#)

**Disease Terms**

areflexia, [dengue](#), [Guillain Barre syndrome](#), muscle weakness

**Other Terms**

adult, case report, cerebrospinal fluid analysis, clinical examination, clinical feature, electromyography, electrophysiology, human, laboratory test, letter, male, neurologic examination, polymerase chain reaction

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Country of Source	India
Language of Article	English
MEDLINE PMID	<a href="#">16010084</a>
Embase Accession Number	2005507188
Number of References	3
Cited by in Scopus	<a href="#">16</a>
CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> )

Record 110

**Neurological disorders in convalescence from an acute febrile syndrome [2] (multiple letters)**  
[Díaz-Quijano F.A.](#), [Carod-Arial F.J.](#), [Palma-Da Cunha Matta A.](#)  
**Revista de Neurología** 2005 **40:2** (126-127)

Abstract

Drug Terms

[immunoglobulin G](#), [immunoglobulin M](#)

Disease Terms

dengue, **fever**, Guillain Barre syndrome, **neurologic disease**, neurological complication

Other Terms

**acute febrile syndrome**, autopsy, clinical feature, **convalescence**, Dengue virus, Hepatitis B virus, human, Human immunodeficiency virus, Influenza virus, letter

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Source Type	Journal
Source Publication Date	2005-01-16
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Publication Type	Letter
Page Range	126-127
Country of Author	Colombia
Country of Source	Spain
Language of Article	Spanish
MEDLINE PMID	<a href="#">15712171</a>
Embase Accession Number	2005468796
Cited by in Scopus	<a href="#">0</a>
CAS Registry Numbers	immunoglobulin G ( <a href="#">97794-27-9</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> )

Record 111

**Long-term health effects of repeated exposure to multiple vaccines**  
[Pittman P.R.](#), [Coonan K.M.](#), [Gibbs P.H.](#), [Scott H.M.](#), [Cannon T.L.](#), [McKee Jr. K.T.](#)  
**Vaccine** 2004 **23:4** (525-536)

Abstract

The health of 155 former workers in a US military research program who had received multiple vaccines and 265 matched community controls was assessed. The study population was mostly male (83%) and elderly (median age, 69 years). Multiply

immunized (MIP) subjects received vaccines and/or skin tests (median = 154) over a median of 17.3 years; interval from start of immunizations to survey completion was 15-55 years (mean = 43.1 years). MIP subjects characterized themselves as slightly less healthy than controls ( $P = 0.057$ ). Fatigue (but no other symptom) was reported more frequently in the MIP group ( $P = 0.011$ ), but was not associated with number of injections, number of vaccines, or time in program. No differences between MIP and control groups were seen for numerous self-reported medical conditions. Several statistically significant abnormalities were seen in clinical laboratory tests among MIP subjects, but none appeared to be clinically significant. A significant difference in frequency of monoclonal spikes and/or paraprotein peaks between MIP (12.5%) and control (4.5%) groups ( $RR = 2.7$ ,  $P < 0.003$ ) was observed; no associations with lifestyle, vaccine exposure, or medical conditions were found.

### Drug Terms

anthrax vaccine, botulinum toxin, Brucella vaccine, chikungunya vaccine, cholera vaccine, coccidioidomycosis vaccine, dengue vaccine, diphtheria vaccine, hepatitis B vaccine, histoplasmosis vaccine, influenza vaccine, Japanese encephalitis vaccine, monoclonal antibody, mumps vaccine, paraprotein, plague vaccine, poliomyelitis vaccine, psittacosis vaccine, Q fever vaccine, rabies vaccine, rocky mountain spotted fever vaccine, tetanus toxoid, tularemia vaccine, typhoid vaccine, typhus vaccine, unclassified drug, unindexed drug, vaccine, vaccinia vaccine, virus vaccine, yellow fever vaccine

### Disease Terms

abdominal pain, amnesia, amyloidosis, anemia, anthrax, aplastic anemia, arthralgia, arthritis, asthma, atopic dermatitis, botulism, brucellosis, neoplasm, cholera, cyanocobalamin deficiency, dengue, depression, diabetes mellitus, diphtheria, eczema, encephalitis, erythema nodosum, fatigue, fever, glomerulonephritis, Goodpasture syndrome, Guillain Barre syndrome, pollen allergy, headache, hemolytic anemia, hemorrhagic fever, hepatitis B, histoplasmosis, Hodgkin disease, hypertension, immune complex disease, influenza, insomnia, iron deficiency anemia, kidney disease, leukemia, leukopenia, lupus erythematosus, malaise, monoclonal immunoglobulinemia, multiple myeloma, multiple sclerosis, mumps, myalgia, neuritis, ornithosis, Parkinson disease, plague, pneumonia, poliomyelitis, Q fever, rabies, rash, Reiter syndrome, rheumatic disease, Rocky Mountain spotted fever, sarcoidosis, serum sickness, Sjogren syndrome, temporal arteritis, tetanus, thrombocyte anomaly, thyroid disease, tremor, tularemia, typhoid fever, typhus, ulcer, uveitis, vaccinia, vasculitis, virus infection, Wegener granulomatosis, yellow fever

### Other Terms

adult, aged, blood chemistry, conference paper, controlled study, **drug exposure**, female, health program, health survey, human, **immunization**, laboratory test, lifestyle, major clinical study, male, **occupational health**, priority journal, self report, skin test, symptom

### Author Keywords

Immunization, Monoclonal gammopathy, Vaccine

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Page Range	525-536
Country of Source	United Kingdom
Language of Article	English
Language of Summary	English
Publisher Item Identifier	S0264410X04004955
MEDLINE PMID	<a href="#">15530702</a>

Embase Accession Number	2004471640
Number of References	35
Cited by in Scopus	<a href="#">13</a>
CAS Registry Numbers	tetanus toxoid ( <a href="#">57425-69-1</a> , <a href="#">93384-51-1</a> )

**Record 112****Guillain-barre syndrome following dengue fever: Report of 3 cases**

[Sulekha C.](#), [Kumar S.](#), [Philip J.](#)

**Indian Pediatrics** 2004 **41:9** (948-950)

**Abstract**

Guillain-Barre syndrome is a post infectious polyradiculoneuropathy. It is equally prevalent in both the adult and the pediatric populations. Guillain-Barre syndrome following dengue fever is not a classically described entity and has not been reported in children.

**Drug Terms**

[immunoglobulin](#), [immunoglobulin M antibody](#)

**Disease Terms**

[dengue](#), [Guillain Barre syndrome](#)

**Other Terms**

anamnesis, antibody blood level, article, case report, cerebrospinal fluid, child, clinical feature, Dengue virus, disease course, feces analysis, female, human, lumbar puncture, nerve conduction, neuroimaging, treatment outcome

**Author Keywords**

Demyelination, Dengue fever, Guillain-Barre syndrome

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Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">15475640</a>
Embase Accession Number	2004427550
Number of References	9
Cited by in Scopus	<a href="#">26</a>
CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> )

**Record 113****Neurological complications arising from dengue virus infection**

[Palma-Da Cunha-Matta A.](#), [Soares-Moreno S.A.](#), [Cardoso-De Almeida A.](#), [Aquilera-De Freitas V.](#), [Carod-Artal F.J.](#)

**Revista de Neurologia** 2004 **39:3** (233-237)

**Abstract**

Introduction. Dengue is the most common of the arbovirosis that humans can suffer from. The frequency with which the central nervous system (CNS) is affected by this viral infection remains unknown, although isolated cases with neurological complications have been reported in Asia and South America. In Rio de Janeiro,

Brazil, dengue virus infection has become an important public health concern. Case reports. The authors describe two cases of immune-mediated CNS involvement following classic infection by the dengue virus: one involving post-infectious disseminated acute encephalitis and the other consisting of Guillain-Barré syndrome. In both cases dengue was diagnosed using the ELISA technique, and other viral aetiologies in the cerebrospinal fluid (CSF) were excluded. A 10-year-old female, following a bout of classic dengue, presented symptoms of a diminished level of consciousness, spastic tetraparesis, cerebellar syndrome and frontal symptoms. A resonance brain scan showed areas of hypersignal in T2 sequences in the cerebral peduncle, lentiform nuclei and internal capsule on both sides of the brain, which suggested post-infectious encephalitis. The second patient, a 14-year-old male, presented an areflexive flaccid ascending tetraparesis that suggested acute polyradiculoneuritis, following a bout of classic dengue. CSF albuminocytologic dissociation was also observed. This patient's electroneuromyogram recording showed a polyradiculoneuropathy of a primarily demyelinating nature with an associated axonal component. Conclusions. The immunological mechanisms involved in the pathophysiology of this type of neurological complications after suffering from dengue may be part of the physiological response to the viral infection.

#### Disease Terms

**dengue**, **encephalomyelitis**, **Guillain Barre syndrome**, neurological complication

#### Other Terms

adolescent, article, case report, cerebrospinal fluid analysis, enzyme linked immunosorbent assay, female, human, male, nuclear magnetic resonance imaging, school child

#### Author Keywords

Dengue, Guillain-Barré, Post-infectious encephalomyelitis

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Country of Source	Spain
Language of Article	Spanish
Language of Summary	English, Spanish, Portuguese
MEDLINE PMID	<a href="#">15284963</a>
Embase Accession Number	2004422974
Number of References	28
Cited by in Scopus	<a href="#">38</a>

#### Record 114

#### Guillain-Barré syndrome in the course of dengue: Case report

[Querino Santos N.](#), [Azoubel A.C.B.](#), [Lopes A.A.](#), [Costa G.](#), [Bacellar A.](#)

**Arquivos de Neuro-Psiquiatria** 2004 **62:1** (144-146)

#### Abstract

This case report describes the findings of a 45-year-old white woman from Brazil, who developed myalgia, fever and macular rash. She was diagnosed as having dengue, based on clinical manifestations and specific IgM titers. One week after the first symptoms of dengue, the patient developed muscle weakness, followed by tetraplegia with areflexia, and respiratory insufficiency. The electromyography had evidence of demyelinating neuropathy and the cerebrospinal fluid showed albuminocytologic dissociation. These neurologic findings were consistent with the diagnosis of Guillain-

Barré syndrome. The patient was treated with immunoglobulin and methylprednisolone. Mechanical ventilation was started one week after hospital admission and maintained for four weeks. After six weeks of hospitalization the patient was discharged from the hospital on wheel chair, presenting mild muscle weakness and loss of patellar and ankle reflexes. When the patient was seen at the outpatient service three weeks after hospital discharge she was able to walk with help. This case report suggests a possible association between dengue and Guillain-Barré syndrome.

#### Drug Terms

immunoglobulin, immunoglobulin M, methylprednisolone

#### Disease Terms

demyelinating disease, dengue, fever, Guillain Barre syndrome, myalgia

#### Other Terms

adult, article, artificial ventilation, case report, cerebrospinal fluid examination, clinical feature, disease association, disease course, electromyogram, female, human, treatment outcome

#### Author Keywords

Dengue, Guillain-Barré syndrome, Radiculoneuritis

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MEDLINE PMID	<a href="#">15122449</a>
Embase Accession Number	2004170661
Number of References	9
Cited by in Scopus	<a href="#">36</a>
CAS Registry Numbers	immunoglobulin ( <a href="#">9007-83-4</a> ) immunoglobulin M ( <a href="#">9007-85-6</a> ) methylprednisolone ( <a href="#">6923-42-8</a> , <a href="#">83-43-2</a> )

#### Record 115

### The Guillain-Barré syndrome following dengue fever.

Esack A., Teelucksingh S., Singh N.

**The West Indian medical journal** 1999 **48:1** (36-37)

#### Abstract

A 44 year old female presented with fever, muscle aches, rash and a low platelet count. IgM antibody to dengue virus was positive. Two weeks later she developed a flaccid areflexic quadriparesis. Nerve conduction studies showed a predominantly demyelinating sensory motor polyneuropathy consistent with Guillain-Barré syndrome. Despite the relatively common occurrence of dengue fever, an associated polyradiculoneuropathy is distinctly uncommon.

#### Drug Terms

immunoglobulin M, virus antibody

**Disease Terms**

demyelinating disease, [dengue](#), pathological reflex, [polyradiculoneuropathy](#)

**Other Terms**

adult, article, blood, case report, female, human, immunology, nerve conduction, pathophysiology, physiology, thrombocyte count

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Cited by in Scopus	<a href="#">32</a>
CAS Registry Numbers	immunoglobulin M ( <a href="#">9007-85-6</a> )

Record 116

**Is it infectious?**  
[Jones G.A.](#)  
**Journal of Infection** 1994 **28:2** (233-239)

**Abstract**

The Autumn meeting of the English Branch of The British Society for the Study of Infection was held at the Zoological Society of London. Speakers from a breadth of specialties re-examined the clinical features and pathology of some remarkably diverse illnesses and addressed the question 'Is it Infectious?'

**Drug Terms**

[virus RNA](#)

**Disease Terms**

[chronic fatigue syndrome](#), [colon Crohn disease](#), [dengue](#), [food poisoning](#), [gastroenteritis](#), [Guillain Barre syndrome](#), [hospital infection](#), [infection](#), [mucocutaneous lymph node syndrome](#), [thrombocytopenia](#), [traveller diarrhea](#)

**Other Terms**

conference paper, cooking, Egypt, Helicobacter, molecular biology, polymerase chain reaction, public health, symposium, Turkey (republic), United States

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Country of Author	United Kingdom
Country of Source	United Kingdom
Language of Article	English
Language of Summary	English
MEDLINE PMID	<a href="#">8035006</a>
Embase Accession Number	1994142096
Cited by in Scopus	<a href="#">0</a>

Record 117

Acute polyradiculoneuritis consecutive to dengue

[Paul C.](#), [Dupont B.](#), [Pialoux G.](#)  
**Presse Medicale** 1990 **19:32** (1503)

Abstract

Disease Terms

**Guillain Barre syndrome**, nephritis, **polyradiculitis**

Other Terms

adult, case report, human, letter, male, priority journal

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CODEN	PRMEE
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Source Publication Date	1990-01-01
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Publication Type	Letter
Page Range	1503
Country of Author	France
Country of Source	France
Language of Article	French
Embase Accession Number	1990347760
Cited by in Scopus	<a href="#">12</a>

Record 118

Acute polyradiculoneuritis outbreak type Landry-Guillain-Barr-Strohl during a Dengue epidemic

[Estrada Gonzalez J.R.](#), [Goyenechea A.](#), [Herrera C.](#)  
**Revista Cubana de Higiene y Epidemiologia** 1981 **19:3** (252-265)

Abstract

The serotype-1 dengue epidemic occurring in Cuba during the second half of 1977 and the first half of 1978, temporarily concurred with a twofold increase in the incidence of acute polyradiculoneuritis (PRN) type Landry-Guillain-Barre-Strohl (LGBS), in the Province of Havana (0,82x105 inhabitants from 1970 to 1978, and 2,12x105 inhabitants for 1977). Apparently it also occurred throughout the country, although in the provinces records are incomplete. The mean national rate appears to be about 0,36x105 inhabitants; in 1977 the value was 0,87. The studies for virus isolation in cerebrospinal fluid were negative in all the 20 patients studied; meanwhile hemagglutination-inhibition tests in paired sera were positive in a high proportion of patients and in all those clinically disease-positive. Negative isolations reinforce the generally accepted hypothesis that a virus is not the direct agent for PRN lesions; indeed it is the agent for the outbreak of an immunological phenomenon of a retarded hypersensitivity. Both the increase in the incidence rate and the clinical and serum-tested infections preceded by the dengue virus implicated this agent in the pathogenesis of acute PRN. This syndrome's apparent non-concurrence in other epidemics by serotypes-2 and -3 suggests the possibility of a certain specificity of

serotype-1, something that requires further investigation. Analysis of acute PRN clinical characteristics related to dengue did not show significant differences from other acute PRN type-LGBS, at least in the twelve of them that were studied.

<b>Disease Terms</b> dengue, Guillain Barre syndrome	
<b>Other Terms</b> central nervous system, Cuba, <b>epidemiology</b> , peripheral nervous system, sex difference, short survey	
<b>Correspondence Address</b> Dept. Neurol., Inst. Neurol. Neurocir., La Habana, Cuba.	
<b>Author Address</b> <b>Estrada Gonzalez J.R., Goyenechea A., Herrera C.:</b> Dept. Neurol., Inst. Neurol. Neurocir., La Habana, Cuba.	
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<b>Additional Information</b>	
Original Non-English Title	BROTE DE POLIRRADICULONEURITIS AGUDA TIPO LANDRY-GUILLAIN-BARRE-STROHL DURANTE UNA EPIDEMIA DE DENGUE
Abbreviated Journal Title	REV. CUBA. HIG. EPIDEMIOL.
ISSN	02531751
CODEN	RCHED
Source Type	Journal
Source Publication Date	1981-01-01
Entry Date	1982-03-15 (Full record)
Page Range	252-265
Country of Author	Cuba
Country of Source	Cuba
Language of Article	Spanish
Language of Summary	English, Russian
Embase Accession Number	1982053619
Cited by in Scopus	<a href="#">1</a>

Record 119

**CSF immunoglobulins and viral antibodies in acute transverse myelitis and Guillain-Barre syndrome**  
[Wadia R.S.](#), [Ghosh S.N.](#), [Gulavani A.V.](#), et al.  
**Neurology India** 1978 **26:3** (118-122)

**Abstract**

CSF immunoglobulins and viral antibodies were studied in serial samples collected from 46 (GBS) and 35 (ATM) cases. The viruses studied included group B arboviruses; Japanese encephalitis (JE), West Nile (WN) and dengue (DEN-2), mumps, measles, herpes, influenza adenovirus and cytomegalovirus. Evidence of recent virus infection on the basis of conversion, fourfold rise/fall antibodies was detected for Group B arboviruses, influenza, mumps, measles and herpes viruses in 10 cases of GBS and 10 of ATM. Besides, several cases also showed stationary high titre of antibodies in serial specimens. Group B arbovirus antibodies were due to DEN and WN infection. Viral antibodies were also detected in CSF of seven cases; four for antibodies to group B arboviruses (DEN-2 and WN). Such association of GBS and ATM with group B arbovirus infection has not been reported before to the best of our knowledge. CSF immunoglobulin studies indicated raised IgG and IgA levels in both ATM and GBS cases. IgM was detected in four GBS and three ATM cases. There was also raised IgG level in several cases without proportionate rise of CSF proteins. These findings are suggestive of intrathecal production of immunoglobulins.

<b>Drug Terms</b> immunoglobulin, virus antibody
<b>Disease Terms</b> Guillain Barre syndrome, myelitis
<b>Other Terms</b> central nervous system, <b>cerebrospinal fluid</b> , Flavivirus, human cell
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