POST-MALARIA NEUROLOGICAL SYNDROME: THE FIRST IRISH PAEDIATRIC CASE

Aims Post-malaria neurological syndrome (PMNS) is described as a rare post-infectious encephalopathy occurring within two months of resolved malaria infection and with an ataxiaemia. PMNS encompasses three separate neurological syndromes: A delayed cerebellar syndrome, an acute demyelinating polyneuropathy (GBS) and an acute disseminated encephalopathy (ADEMs).

Here, we report the first Irish paediatric case of falciparum PMNS, in a patient of African origin, born and living in Ireland.

A 15 year old boy presented with a 3 day history of progressive encephalopathy, features of raised ICP and seizures on a background of falciparum malaria treated six weeks previously. PMNS was diagnosed after further investigations and an ataxiaemia. He was sedated and intubated for 2 days and commenced on antimicrobials, antimalarial and steroids. His investigations results as follows: MRI brain: Cerebral oedema and optic neuritis, EEG: Severe encephalopathy. Serial thick and thin films: No malaria parasites Falciparum Protein Antigen (RDT): Positive (Can remain positive for 6 weeks after malaria). CSF Studies: Protein 1383 g/dl, 16 WBCs/dl, 100% mononuclear cells). PCRs: negative for HSV, Adenovirus, Coxackie, EBV, CMV, Meningococcus, Pneumococcus. By day 6 of admission he had made a full recovery with no neurological deficits.

Methods Using Google and PubMed, we searched for relevant case reports and journal articles describing neurological syndromes occurring post infection with falciparum malaria in the paediatric population.

Results Whilst the prevalence of PMNS (plasmodium falciparum) is 0.12% in adults, the prevalence in children remains unknown. In 1996, a Vietnamese study conducted over 4 years reported 23 patients with PMNS following full recovery from falciparum malaria. Of these, only 3 were children. A 2015 case report describes a further two children with falciparum PMNS. There have been no further paediatric cases reported to date worldwide.

Conclusion In conclusion, PMNS is an increasingly recognised, but rare complication of malaria that must be differentiated from relapsing or recurrent malaria, and post-infectious neurological syndromes, e.g. ADEM. In particularly severe cases, steroids have been given as an adjunctive therapy to speed recovery however PMNS is a self-limiting condition that resolves within 2–14 days and requires no specific treatment.

NOT BELL’S PALSY ANYMORE? LYME DISEASE (LD) UNTIL PROVEN OTHERWISE

Aims Lyme Borreliosis (LD) is becoming increasingly prevalent across parts of the UK. Recent evidence suggests that LD is the commonest cause of lower motor neuron type facial palsy (LMN FP) in children and adults in the USA. Historically, idiopathic LMN FP, termed Bell’s palsy, was given as the commonest cause in the UK, we discuss whether current evidence suggests otherwise.

Methods We report 2 cases of LMN FP seen over an evening shift, which were subsequently serologically confirmed cases of LD. We also reviewed current literature and surveillance data.

Results LD is an infectious disease caused by the spirochaete Borrelia burgdorferi. It is the most common tick-borne infectious disease in the UK and is becoming increasingly prevalent in certain areas, affecting around 9.8/100 000, a figure that continues to rise. The presenting features are often non-