

LONG-TERM SEQUELAE OF TBE

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In the majority of cases, there is a feverish preliminary period of illness, which lasts for two to seven days. After a fever-free interval of some days, fever recurs and neurological symptoms become apparent. The symptoms are more marked among older people, but severe forms also occur among children. Symptoms encountered are central and peripheral pareses, ataxia, cranial nerve paralysis (significant especially with regard to speaking and swallowing disorders), hypokinesias and hyperkinesias, epileptic attacks, speech disorders, other psychotic symptoms, with confusion and finally also respiratory difficulties. The meningitis form has a favourable prognosis, while with encephalitis the illness can be expected to last for weeks, and after myelitis the regression of the symptoms may take years and often remains incomplete. The residual symptoms occur more frequently if the peripheral nervous system was also affected during the acute phase. Sustained cognitive deficits can also have the effect of the patient being unfit for work for long periods of time.

Research into the quality of life after FSME has revealed shortcomings in terms of mood control, activity, and expectations for the future. There are also links with socio-economic factors (profession, income).

Case report:

Severe Course of TBE and Rehabilitation in a 64 year-old female patient Provided by: Prim. Dr. U. Baumhackl, St.Pölten

The 64 year-old female patient, initially admitted to the surgery department because of abdominal pain and fever for 3 days, reported a tick bite from three weeks previously. She has been treated with cortisone for 4 years and is suffering from hypertension. On the day of admission, the patient was already confused and presented signs of meningeal problems. The cerebrospinal fluid examination showed abnormal cell counts and elevated total protein. During the following days the patient's confusion continued and she experienced complex partial seizures, impaired consciousness, poor muscle control, speech disorder and swallowing problems, noisy breathing as well as weakness in both arms. Serological and EEG findings confirmed the diagnosis. Initially MRI findings were unspecific, but 14 days later lesions were found in the basal ganglia and the brainstem.

At the IMCU of the neurological department, the patient was treated with Carbamazepin 600 mg/d and received a tracheostoma due to a vocal cord paralysis on both sides. Problems arising after 2 months led to a recanalation lasting up to 6 months! At the time of discharge after 13 weeks, the patient began to walk on crutches but still had mild depression and impaired concentration. She left the hospital with a degree of independence of 85%.

To improve the muscle weakness, the patient underwent neurological rehabilitation for 5 weeks. She received training on All-Day-Live activities and on cognitive functions. At discharge she was walking without any aid and left the rehab Center with a degree of independence of 100%.

This severe course demonstrates that Tickborne Encephalitis (TBE) can lead to serious damages both in the central and in the peripheral nervous system. The patient may need long term individually planned neurological rehabilitation. Older people tend to have more severe courses due to accompanying conditions.