Conclusion. GB patients with evidence of ZIKV infection were clinically similar to those without evidence of ZIKV infection, but more likely to have facial weakness and paresthesia during acute neurologic illness and report abnormal tear production at 6 months post neurologic onset. Pathophysiologic investigations should examine potential ZIKV autoimmune response preferential effect of cranial nerves among GB patients.


314. Six Months Follow-up of Patients with Guillain–Barré Associated to Zika Virus Infection

Lina Villa, MD1; Jose Rodriguez, MD2; Jorge Cortes, MD2; Daniela Cala, MD1, MD1; Pablo Chaparro, MD, PhD2; Mauricio Reltran, BSc; Dioselia Pelaez, BSc2; Lissethe Pardo, BSc1; Katherine Laiton, BSc2; Angela Rico, BSc2 and Diego Alvarez, BSc2;1Universidad de los Andes, Bogota, Colombia, 2Hospital Rosario, Hospital Instituto Pumarejo Lopez, Valledupar, Colombia, 3Medicine, Universidad Nacional de Colombia, Bogota, Colombia, 4Instituto Nacional de Salud, Bogota, Colombia

Session: 50. Global Infections
Thursday, October 5, 2017: 12:30 PM

Background. Increasing data has shown the relationship between Zika Virus (ZIKV) and neurological complications. However, there are still uncertainties about the prognosis of these complications. The aim of this study is to show the neurological characteristics of patients six months after a Guillain–Barré episode related to ZV infection.

Methods. Patients with a Guillain–Barré episode were identified prospectively at five intensive care units in an endemic zone in Colombia (Valledupar, near the Caribbean coast of Colombia). Brighton’s criteria for Guillain–Barré case definitions were used to classify the patients. Clinical data from the clinical records was used. Patients with a positive Zikera serology were followed after 6 months.

Results. Of 25 patients with a diagnosis of Guillain–Barré, 20 had a serological study. 18 patients were followed for 6 months. Severe features of the cases were men, the median age was 45 years old and they had a median length of stay of 25 days. 68% had a febrile syndrome in the 7–14 days prior to hospitalization. Median time between fever and neurological symptoms was 9 days. Incapacity to walk was found in 100%, dysphagia in 55%, and respiratory insufficiency in 55%. Patients were treated with immunoglobulin or plasmapheresis. Median time to follow-up was 193 days in 15 patients. Quadriaparesia was found in 44%, difficulty to walk in 31%, unilateral facial palsy in 19%, and bilateral in 6%. Dysphagia or respiratory distress was reported in 74%.

Conclusion. Guillain–Barré syndrome related to ZKV infection is a severe disease with a high grade of disability at 6 months after the episode.

Disclosures. All authors: No reported disclosures.