

SUBCLINICAL REACTIVATION OF VARICELLA ZOSTER VIRUS AFTER COVID-19 AS A
POSSIBLE CAUSE OF STROKE IN YOUNG PATIENT

Sanja zikova. S Jovevska², A Doneva¹, J Petreska¹, D Vojtikiv³

¹*Neurology, CGH "8 Th September", Republic of North Macedonia*

²*Anatomy, Faculty of Medicine "Goce Delcev University", Republic of North Macedonia*

³*Neurology, Neurology Clinic "Dr Danijela", Republic of North Macedonia*

Previous studies have observed an association between Varicella Zoster Virus (VZV) infection and stroke. Reactivation of VZV caused by decline of cellular immune response has been noted during the convalescent period or after recovery from COVID-19. Whether stroke can be a late sequela of COVID-19 infection due to different inflammatory and coagulation mechanisms is currently uncertain. We present a case of a 39 years old woman with an acute stroke associated with subclinical reactivation of VZV infection, 2 months after a mild COVID-19 infection. On the day of admission she developed weakness of the left arm and leg. The patient did not have fever or changes in mental status. Magnetic resonance imaging of the brain showed ischaemic area in subacute phase in right basal ganglia. CT angiography of cerebral and cervical vessels showed a discrete irregularity of the intima contour of the internal carotid arteries without reperfusion of the contrast display of the lumen. Serological tests for COVID-19 was IgG positive and for VZV IgM and IgG positive. Cerebrospinal fluid was normal and without detection of anti-VZV antibody. Because of the positive serological VZV IgM antibodies result, it was hypothesized that stroke could be secondary to VZV angiopathy. Low molecular weight heparin and acyclovir were started. In conclusion, it remains unclear whether subclinical reactivation of VZV infection may be the cause of stroke, whether other mechanisms in the convalescent period of COVID-19 infection, or it is a cascade of the same that can lead to stroke.

