

## **B2**

### **Title: Herpes is Here Again in my Head**

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"A 52-year-old African American female who presented with a two day history of severe global and throbbing headache associated with neck stiffness, nausea and vomiting, fever, photophobia, chills, myalgia and lightheadedness.

The patient has been admitted twice in the past with a similar presentation and has had similar symptoms in the past without inpatient presentation.

Examination was significant for painful distress, stiff neck and positive Kernig's sign.

Complete blood count revealed leukocytosis. Brain CT Scan was normal.

A lumbar puncture was done with CSF analysis revealing total CSF nucleated cell count of 556/mm<sup>3</sup>, with 52 % neutrophils and 47 % lymphocytes. CSF protein was elevated at 197mg/dl with a normal CSF glucose. HSV-2 DNA was detected on CSF PCR.

Patient was diagnosed with mollaret's meningitis, was started on intravenous acyclovir and later attained complete resolution of symptoms on the 4th day of admission and was discharged afterwards .

Mollaret's meningitis is a form of benign, recurrent aseptic meningitis characterized by as few as 3 to 10 episodes of fever and meningism lasting 2–5 days, followed by spontaneous recovery. The most common etiologic agent is HSV-2. It is self-limiting and it is still controversial whether acyclovir changes the natural course of the illness.

In conclusion, it is worthwhile to keep a high index of suspicion for Mollaret's meningitis in patients presenting with recurrent aseptic meningitis as an early diagnosis will help prevent unnecessary investigations and treatments and provide timely reassurance to patients