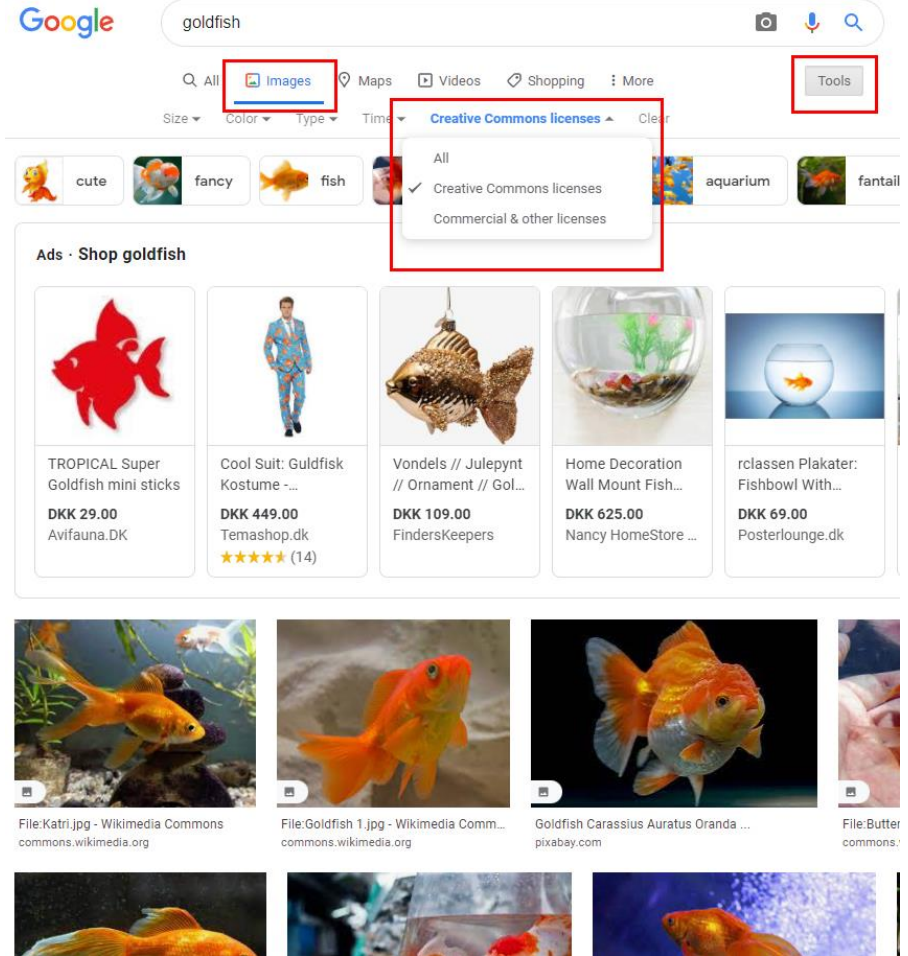


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Furious Rabies after an Atypical Exposure

Heiman F. L. Wertheim*, Thai Q. Nguyen, Kieu Anh T. Nguyen, Menno D. de Jong, Walter R. J. Taylor, Tan V. Le, Ha H. Nguyen, Hanh T. H. Nguyen, Jeremy Farrar, Peter Horby, Hien D. Nguyen

Case Descriptions

Patient 1. A 48-year-old male construction worker, with no preceding medical illnesses, was admitted to the intensive care unit of a hospital in Hanoi. For a few days prior to admission he experienced pain and numbness in both forearms and a flushed sensation throughout his body. He also reported increased perspiration and increased libido. At presentation, the patient was lucid but markedly agitated, and was unable to swallow due to involuntary inspiratory muscle spasms when he was presented with a glass of water (Video S1) or when he felt a breeze. On examination he was afebrile, and had a dry mouth, normal heart rate and blood pressure, and a Glasgow Coma Score of 15. He had no focal neurological signs and no neck stiffness, and Kernig's sign was negative. Neither the patient nor his wife recalled that he had been bitten by a dog, cat, bat, or other mammal in the preceding months, and his skin showed no evidence of recent bite injuries or cuts.

Patient 2. A 37-year-old male farmer, without any prior medical history, presented himself to a Hanoi outpatient clinic with increased perspiration, intermittent muscle spasms



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Figure 1. Dog Meat for Consumption for Sale at a Market in Hanoi, Viet Nam

[1]. Neither patient had been vaccinated recently, ruling out post-vaccinal encephalomyelitis (acute disseminated

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signs and no neck stiffness, and Kernig's sign was negative. He had bilateral pupil dilatation (~5 mm) with weak direct and consensual light reflexes. There were no signs of recent bites or other skin injuries, but the patient reported that he had been bitten in the heel by a pet dog one month prior to presentation. The dog had remained healthy since the bite.

The families of the patients in this manuscript have given written informed consent to publication of their case details.

At This Stage, What Was Our Differential Diagnosis?

Both patients presented with an acute progressive encephalopathy in which a prominent symptom was involuntary inspiratory muscle spasms when exposed to a glass of water (hydrophobia) or draft of air (aerophobia). At presentation there was no fever, and from the medical history it was unclear whether the patients had fever prior to presentation. There were no clinical signs of meningitis that supported a diagnosis of bacterial meningitis. Tetanus was considered unlikely as the characteristic muscle rigidity and trismus were absent in both patients

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Abbreviations: CSF, cerebrospinal fluid; RT-PCR, reverse transcriptase polymerase chain reaction

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The Learning Forum discusses an important clinical problem of relevance to a general medical audience.

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