

# Para-Infectious Encephalomyelitis and Related Syndromes. A Critical Review of the Neurological Complications of certain Specific Fevers.

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## Para-Infectious Encephalomyelitis and Related Syndromes. A Critical Review of the Neurological Complications of certain Specific Fevers.

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Journal article : [Quarterly Journal of Medicine](#) 1956 Vol.25 No.100 pp.427-505 ref

Abstract : This review of para-infectious encephalomyelitis deals with the diseases in 2 groups; the first comprises measles, rubella and chickenpox, the second mumps, scarlet fever and whooping cough. The literature reviewed covers

periods for the different diseases: for measles, the literature from 1929 to chickenpox from 1935 to 1953, for mumps from 1934 to 1953; the range may be world-wide. In the first group, measles, rubella and chickenpox, the nervous complications fall into 3 clinical types-encephalitis, myelitis and polyradiculitis. The symptoms are analysed in detail and the pathology described. It seems clear that in each of these diseases complications appear to be similar both clinically and pathologically-it is a parallel process in which there is early damage to cerebral blood vessels followed by encephalitis and demyelination. There are differences-mortality from encephalitis following measles and rubella is about 20-25 per cent., but in chickenpox only 10 per cent. occurs in 19 per cent. of cases following chickenpox, but in 45 per cent. and following measles and rubella; ataxia follows measles in 10 per cent., rubella in 10 per cent. but chickenpox in 34 per cent. There is no obvious explanation for the differences.

In the second group, mumps, scarlet fever and whooping cough, the findings are different. In scarlet fever the commonest nervous complications are those caused by invasion of the central nervous system by the haemolytic streptococcus or by reaction to the septic complications of the disease, for example otitis media, meningitis, accidents during scarlatinal nephritis may also occur. When all these are excluded the commonest nervous complication following scarlet fever is lymphocytic meningitis. This is also the case with mumps. In mumps meningitis it is likely that the mumps virus is responsible for the meningitis, but in post-scarlatinal lymphocytic meningitis no virus has been isolated. After both mumps and scarlet fever there also occur, although infrequently, examples of encephalitis, myelitis and polyradiculitis of a type similar clinically and pathologically to that following measles, chickenpox and rubella.

With whooping cough the situation is entirely different. Myelitis and polyradiculitis, indeed they occur, are excessively rare and the so-called whooping cough encephalopathy is different, clinically and pathologically, from that following the other diseases. Eclampsia or encephalopathy are better titles. The onset is sudden with coma, followed by signs of motor damage, especially hemiplegia, aphasia and paralysis. The mortality is possibly at least 33. per cent. Pathologically there are vascular changes and degenerative changes in the brain; there may be numerous small haemorrhages and there is a characteristic eosinophilic degeneration of nerve cells. Inflammatory changes in myelination are not prominent and are secondary to haemorrhages. The changes are thought to be ischaemic in character possibly due to vascular spasm. Similar changes have been reported following anaesthetic deaths and epilepsy. The cause may be anoxic. This condition has nothing in common with encephalitis following the other diseases. The encephalitis which follows measles, chickenpox, rubella, scarlet fever and mumps are so many similarities in the clinical picture, in the pathology and in the incidence that the severity of the preceding illness that it is reasonable to look for a common

in its production.

In whooping cough other factors must be responsible.

[Clinician and pathologist interested in para-infectious encephalitis must be authors for this very full and critical review of the subject. Its careful study is recommended.] *A. B. Christie.*

ISSN : [0033-5622](#)

Record Number : 19572700822

Language of text : [not specified](#)

Language of summary : [not specified](#)

Indexing terms for this abstract:

Organism descriptor(s) : man, Rubella virus, viruses

Descriptor(s) : accidents, anaesthetics, anoxia, ataxia, bacterial diseases, blood v central nervous system, complications, convulsions, ear diseases, encephalitis, e eosinophils, epilepsy, fever, haemolysis, human diseases, infections, infectious d inflammation, ischaemia, kidney diseases, measles, meningitis, mortality, mumps myocardial ischaemia, nephritis, nervous system, neurons, otitis media, pertussis fever, symptoms, varicella

Identifier(s) : anesthetics, bacterial infections, bacterioses, bacterium, cerebrum, CNS, communicable diseases, death rate, encephalomyelitis, eosinophil leukocyt measles, glue ear, hemolysis, ischaemic heart disease, ischemia, kidney disorder ischemia, nephropathy, nerve cells, neurones, pyrexia, renal diseases, whooping

Broader term(s) : Homo, Hominidae, primates, mammals, vertebrates, Chordata, eukaryotes, Rubivirus, Togaviridae, positive-sense ssRNA Viruses, ssRNA Viruses, viruses

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