

Abstract

Neurological complication following herpes-zoster infection is extremely rare and Guillain-Barre syndrome(GBS) is among the least common complication. Here we report a case of 62-year-old male with GBS secondary to herpes-zoster infection. Previously healthy male who was treated for herpes-zoster ophthalmicus two weeks back presented with three days' history of lower limb weakness which progressed to involve upper limb and respiratory muscles on the following day which necessitate ventilation. Nerve conduction study confirms acute motor axonal polyneuropathy and lumbar puncture shows cytoprotein dissociation with positive varicella zoster DNA. He was managed with IV immunoglobulin and supportive management and drastic improvement was noted. Varicella zoster is associated with rare but dreaded neurological complications. Morbidity associated with varicella-zoster infection could be avoided by vaccination after an exposure who are seronegative.