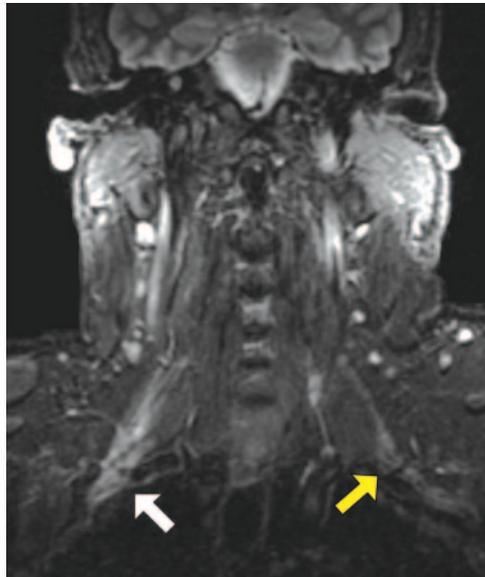


Multifocal neuropathy associated with West Nile virus infection

Figure Coronal short tau inversion recovery MRI demonstrating thickening and T2 signal prolongation in the right (symptomatic) brachial plexus (broad arrow)



The contralateral (asymptomatic) brachial plexus (narrow yellow arrow) appears normal.

A 51-year-old man developed severe, subacute onset right facial weakness and flaccid, hyporeflexic right upper limb weakness several days following West Nile virus infection. Electrophysiologic and radiographic studies confirmed severe but incomplete right facial and brachial plexus neuropathies (figure). There were no clinical or laboratory findings to suggest encephalitis or myelitis. For additional details regarding his diagnosis, see appendix e-1 on the *Neurology*[®] Web site at www.neurology.org.

Since its arrival in North America, West Nile virus infection has been associated with a number of neuromuscular manifestations,¹ such as a poliomyelitis-like motor neuronopathy, Guillain-Barré syndrome, isolated brachial plexus neuropathy, and now multifocal neuropathy. MRI continues to emerge as a useful tool in the evaluation of neuromuscular disorders.²

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Supplemental data at
www.neurology.org

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