We present a case of human rabies from a bat associated rabies virus with unknown Atypical clinical presentation is common with bat associated human rabies. In the US, the number of bat related human rabies have tripled from 1950 to 2007. Human Rabies is a devastating disease that has proved to be predictably fatal except


**Introduction**

Dog, Fox, Raccoon Rabies Virus Variant

- 48%
- 22%

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**Clinical presentation**

- A 52 year old male presented to an emergency department (ED) of an outside facility for a sudden onset of severe paresthesia in his left extremity of few days duration. He was admitted by emergency medical services (EMS) and was transferred to the medical intensive care unit and intubated.
- The next day he presented after the development of diffuse tremors, fever and sweat. He had taken two doses of cyclobenzaprine in the interval period. Past medical history was notable for obesity, hypertension, type 2 diabetes mellitus and chronic alcohol abuse. He was single, never smoked tobacco or consumed alcohol or illicit drugs.
- Exam
  - Alert but apparent anxiety and diaphoresis.
  - Hypertonia and coarse tremors were noted in bilateral upper and lower extremities.
  - Exam at our facility:
    - Vital: T 39.8°C, HR 113/min, BP 153/105 mmHg, RR 37/min and SpO2 98% on room air.
    - Alert and oriented, anxious and diaphoresis. He refused oral liquids or nasal oxygen for fear of aspiration. Hyperpyrexia noted in bilateral upper and lower extremities, nose and ankle reflexes were exaggerated with ankle clonus.
    - Labs: Blood counts were normal. Abnormal laboratory results included Na 149 mmol/L, venous pH 7.32, pCO2 66 mmHg, ALT 22 mmol/1, BUN 32 mg/dL and creatinine 1.29 mg/dL, CR 1475 units/L, and LDH 244 units/L. Urine drug screen was positive for benzodiazepine received at the outside facility.
- Temporal and cerebellar atrophy was noted on MRI Brain performed on day 1.
- Lumbar punctures were performed on days 3, 6, and 9 with following results:
  - Day 3: CSF, screen, saliva and skin biopsy samples were sent to the Centers for Disease Control and Prevention (CDC). Viscopap, pyruvate - lactate-humon and dicyocycline were started.
  - Day 4: He developed refractory shock and murmur. Hemodialysis was initiated.
- He was treated with cyproheptadine and benzodiazepines for suspected serotonin syndrome and transferred to our facility.
- Rabbit rabies has been speculated to masquerade as serotonin syndrome and transferred to our facility.
- Hospital Course

- Day 1: Clinical presentation for a sudden onset severe radicular cervical pain and paresthesia in his left upper extremity of few days duration. He was prescribed cyclobenzaprine for a diagnosis of carpal tunnel syndrome.
- Day 2: MRI Brain demonstrated a hemorrhagic hypothalamic lesion.
- Day 3: Cranial nerve palsies and hemichorea.
- Day 4: Hemichorea and coarse tremors were noted in bilateral upper and lower extremities.
- Days 4 and 5: Continued fever, episodes of bradycardia (HR in low 20s) without significant cardiovascular manifestations. Coarse tremors were noted in bilateral upper and lower extremities. This was probably due to worsening encephalitis was associated with autonomic instability, hypertonia and aerophobia. Family then revealed that he lived in a trailer and wild life exposure was a hobby.
- Initial serum samples obtained on day 6 that were negative for anti-rabies IgG and IgM, turned positive on a sample obtained on day 13.
- Day 11: He was now on tobramycin, meropenem, vancomycin , micafungin and acyclovir.
- Day 13: Became unresponsive with absent brainstem reflexes while off sedation and ventilator support was discontinued and he died.
  - Rabies virus type was unknown in the ic-200T (BioRadar) were the smallest bat species in North America. Their bite is known to be trivial and hence often undetectable. But associated rabbits has been reported to be unreactive for atypical presentations as follows [6,7].
  - Clinical trial patients
  - Myoclonus
  - Hyperventilation
  - Hemorrhage
  - Nervous system toxicity and transferred to our facility.
  - Rabies was considered in the differential diagnosis when patient did not respond to sedation and cyproheptadine and the worsening encephalitis was associated with autonomic instability, hypertonia and aerophobia.
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