Lymphocytic Choriomeningitis Virus: A Neglected Central Nervous System Pathogen

SIR—I read with great interest the article by Marrie et al. regarding a questionably new encephalomyeloradiculopathy [1]. Although the authors state that they considered a variety of etiologic agents as the cause of illness in their patients and searched extensively for these agents, they did not consider a most probable pathogen, lymphocytic choriomeningitis virus (LCMV). A wide range of neurological syndromes in patients with LCMV infection has been reported [2, 3]. In fact, Brouqui et al. [4] reported four cases of meningitis secondary to LCMV infection in the same issue of Clinical Infectious Diseases. LCMV as an etiologic agent is most congruent with the epidemiological and clinical data presented by Marrie et al. In temperate climates, human LCMV infection occurs most frequently during the cooler months when rodents seek food and shelter inside human habitats (in contrast to enteroviral infection, which occurs most frequently in summer and fall). Although a history of contact with rodents or their excreta is helpful in making a diagnosis of LCMV infection, patients with this illness do not invariably have such a history. LCMV infection may present as a biphasic illness, and it may involve multiple levels of the nervous system. I would urge the authors to seek antibodies to LCMV in their patients' serum and CSF specimens via the most sensitive methods available, immunofluorescent antibody (IFA) assay and ELISA [5].

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References

The titers of antibody to Chlamydia pneumoniae were not reported in our manuscript. None of the patients showed evidence of acute C. pneumoniae infection when microimmunofluorescence tests were kindly performed by Dr. Rosanna Peeling, Laboratory Center for Disease Control, Winnipeg, Manitoba, Canada.

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