Obinutuzumab

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Coxsackievirus A16 encephalitis: case report

A 67-year-old woman developed coxsackievirus A16 encephalitis while receiving obinutuzumab.

The woman who had non-Hodgkin lymphoma in remission, following induction chemotherapy was initiated on maintenance therapy with obinutuzumab [*route and dosage not stated*]. She was admitted with a history of high-grade fever not responding to antimicrobial drugs, general weakness, confusion and urinary incontinence. At the time of her admission, she had received 7 of 12 scheduled treatments [*duration of treatment to reaction onset not clearly stated*]. Tests revealed severe lymphocytopenia of $0.3 \cdot 10^9$ cells/L, an absolute CD4 cell count of $0.082 \cdot 10^9$ cells/L and low serum immunoglobulin levels with IgG of 3.86 g/L, IgA of 0.07 g/L and IgM of 0.13 g/L. Reverse transcription PCR of CSF specimens showed an enterovirus RNA. Coxsackievirus A16 was isolated on sequencing of the virion protein 1 gene of the RNA extracted from the CSF. MRI scan of the brain showed bilateral, hypertense, multiple white matter lesions in the periventricular region and cerebral hemispheres. Imaging on day 4 of admission showed development of aphasia and right-sided hemiparesis.

The woman received mechanical ventilation after a grand mal seizure. She was initiated on immune globulin therapy that led to neurological improvement and subsequent normal serum IgG levels. Follow-up at 4 months revealed that the virus had been cleared but she still had intermittent confusion and language defects.

Author comment: "*We describe coxsackievirus A16 encephalitis in a patient who was receiving treatment with the [monoclonal antibody] obinutuzumab.*"

Eyckmans T, et al. Coxsackievirus A16 encephalitis during obinutuzumab therapy, Belgium, 2013. Emerging Infectious Diseases 20: 913-915, No. 5, May 2014. Available from: URL: http://doi.org/10.3201/eid2005.131766 -

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