INTRODUCTION

- While valacyclovir is a commonly used antiviral with a good safety profile, it is rarely known to cause systemic adverse effects including neurotoxicity, especially with increasing age and renal impairment.
- Here we describe a case of valacyclovir associated neurotoxicity (VAN) in a patient with end stage renal disease (ESRD) and discuss its implications.

CASE DESCRIPTION

- 57-year-old female with history of ESRD on peritoneal dialysis (PD) presented with confusion, tremors, hallucinations, and ambulatory dysfunction.
- Her symptoms began 2 days ago, within 2 hours of taking valacyclovir 500 mg orally, during a recent ER visit for shingles.
- She was unable to perform PD at home the next day, following which her symptoms worsened. During current presentation, vitals were stable and labs revealed elevated creatinine (15.6 mg/dl) and BUN (55 mg/dl).
- Physical examination was remarkable for altered mentation, general tremulousness, and right upper back vesicular zoster lesions.
- No signs of meningitis or focal deficits were observed.
- Brain CT and MRI were unremarkable.
- Electroencephalogram showed mild diffuse background slowing without focal epileptiform activities.

DISCUSSION

- A recent study by Brandariz-Nuñez D et al describes 119 cases of valacyclovir and acyclovir associated neurotoxicity.
- ESRD was observed in 57.1% of the patients and almost 60% received a dose higher than the recommended renal adjustment.
- Despite receiving the appropriate renally adjusted dose of valacyclovir (500 mg daily), our patient developed VAN.
- Of note, varicella zoster encephalitis as the cause of altered sensorium needs to be ruled out in such patients.

CONCLUSION

- It is imperative for clinicians to be aware of VAN and the need to renally dose valacyclovir in ESRD patients.
- VAN can be managed by prompt discontinuation of valacyclovir and dialysis if required.