HANDBOOK OF CLINICAL NEUROLOGY

VOLUME 34

Edited by

P. J. VINKEN and G. W. BRUYN

INFECTIONS OF THE NERVOUS SYSTEM

PARTII

INFECTIONS OF THE NERVOUS SYSTEM

PARTII

Edited by

P.J. VINKEN and G.W. BRUYN

in collaboration with

HAROLD L.KLAWANS





NORTH-HOLLAND PUBLISHING COMPANY

AMSTERDAM · NEW YORK · OXFORD

© ELSEVIER NORTH-HOLLAND BIOMEDICAL PRESS - 1978

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the proir permission of the copyright holder.

Library of Congress Catalog Card Number: 68-8297

ISBN for the complete set: 0 7204 7200 8

ISBN North-Holland for this volume: 0 7204 7234 2

210 illustrations, 67 tables

PUBLISHED BY:

ELSEVIER/NORTH-HOLLAND BIOMEDICAL PRESS

335 JAN VAN GALENSTRAAT, P.O.BOX 211
AMSTERDAM, THE NETHERLANDS

SOLE DISTRIBUTORS FOR THE U.S.A. AND CANADA:

ELSEVIER NORTH-HOLLAND, INC.

52 VANDERBILT AVENUE NEW YORK, N. Y. 10017

MASTERDAM - NEW YORK OXFORD

INFECTIONS OF THE NERVOUS SYSTEM PART II

HANDBOOK OF CLINICAL NEUROLOGY

Edited by

P. L. VINKEN and G. W. BRUYN

Editorial Advisory Board

R. D. ADAMS, E. P. BHARUCHA, PAUL CASTAIGNE
MACDONALD CRITCHLEY, RUSSELL N. DEJONG
SHIGEO OKINAKA, S. REESUM, J.O. TRELLES, K.J. ZÜLCH

VOLUME 34

NORTH-HOLLAND PUBLISHING COMPANY

HANDBOOK OF CLINICAL NEUROLOGY

Edited by

P. J. VINKEN and G. W. BRUYN

*Editorial Advisory Board

R. D. ADAMS, E. P. BHARUCHA, PAUL CASTAIGNE
MACDONALD CRITCHLEY, RUSSELL N. DEJONG
SHIGEO OKINAKA, S. REFSUM, J.O. TRELLES, K. J. ZÜLCH

VOLUME 34



NORTH-HOLLAND PUBLISHING COMPANY

AMSTERDAM · NEW YORK · OXFORD

Foreword to volumes 33, 34 and 35

The contents of these three volumes are fairly well defined by the title 'Infections of the Nervous System'. The contents of each volume are further defined by the decision to dedicate each volume to a separate class of etiologic agents. The further organization of each volume then posed its own particular questions.

The first volume was limited to infections caused by bacterial agents. The major issue to be decided was whether to organize this volume by etiologic agent or by type of infectious process. Other problems included which bacterial toxins to include and how much emphasis should be placed on the therapeutic aspects of each disease. After much discussion among the editors and many colleagues, especially Dr. Stuart Levin, it was decided to organize the volume primarily along etiological lines but to include separate chapters on specific types of infections which can be caused by numerous bacterial agents but in which the clinical characteristics of the syndrome are more dependent on the location of the infection than the causative agent. The chapters on brain abscesses and focal suppurative infections is an example of this approach. Bacterial meningitis is, of course, the most important class of such infections and is represented by both a general introductory chapter and a group of chapters on specific etiologic agents.

The decision to include a chapter on chronic arachnoiditis was not based on purely etiologic consideration but on the clinical consideration that this syndrome at times must be differentiated from bacterial infections of the linings of the brain and spinal cord.

Each year new antibiotics appear and the spectrum of bacterial responses to older antibiotics changes. Because of these two factors, up-to-date considerations on the pharmacologic therapy of bacterial infections can quickly become outdated and, it might be argued, should not be included in a Handbook of this nature. The fact remains, however, that we can medically treat many diseases but can actually cure only a few and of these most are infectious. To deemphasize the most up-to-date pharmacologic approaches to these potentially curable but life threatening diseases could well be considered unjustified. We believe that despite the built in obsolescence, modern chemotherapy must be given its just due and major attempts have been made to ensure that the therapeutic aspects (both medical and pharmacologic, and, where applicable, surgical) are thoroughly and accurately presented.

Concerning bacterial toxins, those toxins which are the products of active infections within the body, e.g., diphtheria toxin and tetanus toxin, were included while bacterial toxins in which there is no actual infection, such as botulism, will be included in the volume on toxic agents.

vi FOREWORD

The second volume is limited to viral and rickettsial diseases. It also includes a series of chapters on diseases of unknown etiology in which viruses or viral-like agents may play a role. Once again this volume includes both introductory general chapters as well as more specific chapters on particular etiologic agents. This field is one of great excitement including the work on slow virus infection which resulted in a Nobel Prize in 1976 for Carleton A. Gadjusek and perhaps even greater potential as the complex relationship between immunology and virology becomes better understood. Professor Richard Johnson, whose advice on the organization of this volume was most helpful, pointed out that it is often unclear where the field of virology ends and the field of immunology begins. Because of this a separate chapter on the immunologic aspects of viral infection has been included. This serves as an introduction to specific chapters on viral-induced syndromes with immunologic aspects and on the relationship of viruses to multiple sclerosis.

Many inflammatory and presumably infectious diseases of unknown etiology have been included in this volume. These include such topics as Behçet's disease, acute cerebellar ataxia, opsoclonus, Bannwarth's syndrome, acute hemorrhagic leukoencephalitis and chronic benign lymphocytic meningitis. The logic of including all of these chapters can, we are sure, be challenged since it is quite likely that neither viruses nor viral related immunologic processes will finally be implicated in all of these disorders. Since, in each case, one of these mechanisms remains a strong possibility, the discussion was made to include all of these disorders in this volume. Special recognition should be given to Dr. Robert M. McKendall for his help in organizing this volume.

The third and last volume includes diseases caused by all other classes of infectious organisms. In many ways this was the easiest of all the three volumes to organize since it is arranged entirely by etiologic agents. The complexity comes from the vast array of protozoa, helminths, and mycotic agents which are able to cause disease in man. Professor J.O. Trelles gave us valuable advice on the organization of this volume for which we remain indebted.

As always we are especially indebted to the editorial staff, in particular Brenda Vollers and Robert Stanley for their careful and thoughtful work which has helped to keep editorial delays and errors to an absolute minimum. We also recognize the contributions of Ms. Pat Gerdes and Ms. Genevieve Logan whose organization of the editorial work in Chicago was a major factor in the production of these volumes.

P.J.V. on and of these must are infectious. To deemphasize the most up-to-date of G.W.B. of the granted from the second of the invented from the desarrow.

A.H. be considered injusticed. We believe that desarre the built in obsolescence.

Acknowledgement Acknowledgement

Several illustrations and diagrams in this volume have been obtained from other publications. Some of the original figures have been slightly modified. In all cases reference is made to the original publications in the figure caption. The full sources can be found in the reference lists at the end of each chapter. The permission for the reproduction of this material is gratefully acknowledged.

List of contributors

Giovanni Alema	
Saint Camillo Hospital, Rome	475
Barry G.W. Arnason	
Department of Neurology, Pritzker School of Medicine, University of Chicago, Chicago, Ill.	435
P. Atanasiu	
Virology Department, Rabies Unit, Pasteur Institute, Paris	235
J. Richard Baringer	
Department of Neurology, University of California and Neurology Service, Veterans Administration Hospital, San Francisco, Calif.	145
Edwin R. Bickerstaff	
The Midland Centre for Neurosurgery and Neurology, Smethwick, West Midlands	
G.W.Bruyn	
Department of Neurology, University of Leiden 459,	545
David G. Cogan	
Clinical Branch, National Eye Institute, National Institutes of Health, U.S. Department of Health, Education and Welfare, Bethesda, Md.	611
Leslie J. Dorfman	
Department of Neurology, Stanford University Medical Center, Stanford, Calif.	209
Carl M. Eklund	
National Institute of Allergy and Infectious Disease, National Institutes of Health, Rocky Mountain Laboratory, Hamilton, Mont.	291

J.A.IVI. FIEGELIKS	
Department of Neurology, Catharina Ziekenhuis, Eindhoven	545
A. Gamet	
Virology Department, Rabies Unit, Pasteur Institute, Paris	. 235
Arthur H. Ginsberg O. H. G. H.	
Department of Neurology, Veterans Administration Hospital and University of California, San Francisco, Calif.	391
Christopher Goetz	
Department of Neurological Sciences, Rush-Presbyterian-St.Luke's Medical Center, Chicago, Ill.	83
George Gosztonyi	
Department of Psychiatry, Semmelweis Medical University, Budapest	
Diane E. Griffin	
Departments of Neurology, Microbiology and Medicine, The Johns Hopkins University School of Medicine, Baltimore, Md.	15
Alan Guberman	
Department of Neurology and Neurological Surgery (Neurology), Washington University School of Medicine, St. Louis, Mo.	619
William J. Hadlow	
National Institute of Allergy and Infectious Disease, National Institutes of Health, Rocky Mountain Laboratory, Hamilton, Mont.	291
Donald H. Harter	
Department of Neurology, Northwestern University Medical School, Chicago, Ill.	raC 1
Shrical Branch, Narional Eye Institute, Vatlonal Jastinges of Health	
B. Hitzschke Department of Neurology, Wilhelm Pieck University, Rostock, G.D.R.	571
no J. Doriman	
Monto Ho	63
University of Pittsburgh, Pittsburgh, Pa.	
Anthony Hopkins	
Department of Neurological Sciences, St. Bartholomew's Hospital, London	565

R. W. Hornabrook	
Department of Neurology, Wellington Hospital, Wellington, New Zealand	275
H. Ishino	
Department of Neuropsychiatry, Okayama University Medical School, Okayama, Japan	553
Kenneth P.Johnson	
Department of Neurology, Veterans Administration Hospital and University of California, San Francisco, Calif.	391
Richard T. Johnson	
Departments of Neurology, Microbiology and Medicine, The Johns Hopkins University School of Medicine, Baltimore, Md. 15,	369
Harold L. Klawans	
Department of Neurological Sciences, Rush-Presbyterian-St.Luke's Medical Center, Chicago, Ill.	
James R. Lehrich	
Department of Neurology, Harvard Medical School, Boston, Mass.	435
R.S. Manor	
Tel Aviv University School of Medicine and Department of Ophthalmology, Beilinson Hospital, Petah Tiqva	513
Robert T. McKendall	
OZA	161
H.J.Meyer-Rienecker	
Department of Neurology, Wilhelm Pieck University, Rostock, G.D.R.	571
James Q. Miller	
Department of Neurology, University of Virginia School of Medicine, Charlottesville, Va.	651
Neal Nathanson	
School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Md.	39

Wilchael B.A. Oldstone	
Department of Immunopathology, Scripps Clinic and Research Foundation, La Jolla, Calif.	193
Hillel Panitch	
School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Md.	39
C.J. Peters	
Department of Immunopathology, Scripps Clinic and Research Foundation, La Jolla, Calif.	193
Fred Plum	
Departments of Neurology, Memorial Sloan-Kettering Cancer Center and Cornell University Medical College, New York, N.Y.	93
Richard W. Price	
Departments of Neurology, Memorial Sloan-Kettering Cancer Center and Cornell University Medical College, New York, N.Y.	
Thomas R. Price	
Department of Neurology, School of Medicine, University of Maryland, Baltimore, Md.	651
Allen Silverstein	
Department of Neurology, Mt. Sinai School of Medicine, New York, N.Y.	185
R.H.A.Swain	
Bacteriology Department, University of Edinburgh	641
L. Trelles	
Lima, Peru	659
J.O. Trelles	
Lima, Peru	659
Duard L. Walker	
Department of Medical Microbiology, University of Wisconsin Medical School, Madison, Wis.	307
Leslie P. Weiner	
Department of Neurology, University of Southern California, Los Angeles, Calif.	133

Stuart Weiss

Department of Neurology and Neurological Surgery (Neurology), Washington University School of Medicine, St. Louis, Mo. 619

Jerry S. Wolinsky

Departments of Neurology, University of California and Veterans Administration Hospital, San Francisco, Calif. 331, 391

Melvin D. Yahr

Department of Neurology, Mt. Sinai School of Medicine, New York, N.Y. 451

Wolfgang Zeman

Lahnstein 343

Contents

Foreword to volumes 33, 34 and 35

List of contributors

Chapter 1.	Selected fundamental aspects of animal virology - Donald H. Harter	
Chapter 2.	Pathogenesis of viral infections - Richard T.Johnson and Diane E.Griffin	. 15
Chapter 3.	Immunological aspects of viral infection - Neal Nathanson and Hillel Panitch	39
Chapter 4.	Acute viral encephalitis - Monto Ho	63
Chapter 5.	Aseptic meningitis - Harold L. Klawans and Christopher Goetz	83
Chapter 6.	Poliomyelitis - Richard W. Price and Fred Plum	93
Chapter 7.	Enterovirus infections of the nervous system other than polio- virus – Leslie P. Weiner	133
Chapter 8.	Herpes simplex virus infections of the nervous system - J. Richard Baringer	145
Chapter 9.	Nervous system complications of varicella-zoster virus - Robert T. McKendall and Harold L. Klawans	161
Chapter 10.	EB virus infections of the nervous system - Allen Silverstein	185
Chapter 11.	Arenavirus infections of the nervous system – Michael B.A.	102

Chapter 12.	Cytomegalic inclusion disease - Leslie J. Doriman	209
Chapter 13.	Rabies - P. Atanasiu and A. Gamet	235
Chapter 14.	Slow virus infections of the central nervous system – R.W. Hornabrook	275
Chapter 15.	Animal viral diseases as models of central nervous system disease in man – Carl M. Eklund and William J. Hadlow	291
Chapter 16.	Progressive multifocal leukoencephalopathy: an opportunistic viral infection of the central nervous system – Duard L. Walker	307
Chapter 17.	Progressive rubella panencephalitis – Jerry S. Wolinsky	331
Chapter 18.	Subacute sclerosing panencephalitis and paramyxovirus infections – Wolfgang Zeman	343
Chapter 19.	Teratogenic effects of viruses - Richard T. Johnson	369
Chapter 20.	Immune mediated syndromes of the nervous system related to virus infections – Kenneth P. Johnson, Jerry S. Wolinsky and Arthur H. Ginsberg	391
Chapter 21.	Virology of multiple sclerosis – James R. Lehrich and Barry G. W. Arnason	435
Chapter 22.	Encephalitis lethargica (Von Economo's disease, epidemic encephalitis) – Melvin D. Yahr	451
Chapter 23.	Cat-scratch disease - G.W.Bruyn	459
Chapter 24.	Behçet's disease - Giovanni Alema	475
Chapter 25.	Vogt-Koyanagi-Harada syndrome and related diseases – R.S. Manor	513
Chapter 26.	Mollaret's meningitis - J.A.M.Frederiks and G.W.Bruyn	545
Chapter 27.	Acute diffuse lymphocytic meningoencephalitis and chronic nodular polioencephalitis of adults – H. Ishino	553
Chapter 28.	Chronic benign lymphocytic meningitis - Anthony Hopkins	565

CONTENTS XV

Chapter 29.	Lymphocytic meningoradiculitis (Bannwarth's syndrome) – H.J. Meyer-Rienecker and B. Hitzschke	571
Chapter 30.	Acute haemorrhagic leucoencephalitis (Hurst's disease) – George Gosztonyi	587
Chapter 31.	Brain stem encephalitis (Bickerstaff's encephalitis) – Edwin R.Bickerstaff	605
Chapter 32.	Opsoclonus - David G. Cogan	611
Chapter 33.	Acute cerebellar ataxia in infectious disease – Stuart Weiss and Alan Guberman	619
Chapter 34.	Rickettsial infections - R.H.A.Swain	641
Chapter 35.	Tick-borne typhus including Rocky Mountain spotted fever – James Q. Miller and Thomas R. Price	651
Chapter 36.	Neurological manifestations of verruga peruana (Carrion's disease, Oroya fever, neurobartonellosis) – J.O.Trelles and L.Trelles	659
Index .		675

Selected fundamental aspects of animal virology

DONALD H. HARTER

Department of Neurology, Northwestern University Medical School, Chicago, Ill.

Animal virology is one of the most rapidly expanding scientific areas. New knowledge about viral structure, viral chemical components, viral replication and virus-cell interactions becomes available almost daily. Novel concepts are introduced; old ideas become obsolete and are modified or discarded. This chapter will review certain fundamentals of animal virology. Hopefully, the information will be helpful to the reader in understanding and evaluating topics subsequently presented in this volume. For further information, the reader is referred to standard works by Luria and Darnell (1967), Lennette and Schmidt (1969), Andrews and Pereira (1972), Fraenkel-Conrat (1974), Fenner et al. (1974), Fenner and White (1976).

specific and an outer lipoprotein complex which

Definition

Viruses are a unique form of infectious agent. They cannot be regarded as true microorganisms because true microorganisms are cells which contain DNA as their genetic information and have their own machinery for producing energy and macromolecules. Microorganisms multiply by binary fission and grow by synthesizing their own constituents such as nucleic acid, protein, carbohydrate and lipid.

material such as plasma, allantele fluid

Viruses contain only one type of nucleic acid – either RNA or DNA, either single- or double-

stranded. They are completely dependent upon the cell for protein synthesis and energy production making them obligatory intracellular parasites. Many viruses can reproduce completely from a single nucleic acid molecule in suitable cells. The complete virus particle or virion is essentially a block of genetic material surrounded by a coat which protects it from the environment, serves as a way of transmission from one host cell to another and initiates its replication.

A subject of much discussion is the question whether viruses should be considered living things. It has been well-documented that purified viral nucleic acid can be infectious, that purified viral RNA or DNA will 'multiply' in vitro in the presence of required precursors and enzymes, and that viral RNA can be translated into viral coat protein by bacterial ribosomes. Furthermore, typical viral particles can be assembled in vitro from their constituent nucleic acid and protein. The question of the 'living' or 'nonliving' nature of a virus is probably largely a semantic one.

There are practical aspects to the difference between viruses and microorganisms. Some viruses may persist indefinitely by the integration of their DNA or a DNA copy of their RNA into their host cells' genetic information. Since viruses are metabolically inert, they are not susceptible to antibiotics which affect microorganisms.

The origin of viruses is a fascinating puzzle. One hypothesis suggests that viruses are the products of regressive evolution of free-living cells. The poxviruses, largest animal viruses, are so complex that one might conceive them to be derived from a cell. Alternatively, viruses may have been derived from cellular genetic material which acquired the ability to function independently. This last possibility appears to be held in highest favor at present.

MORPHOLOGY

Viruses consist of nucleic acid and protein. The nucleic acid is the genome which contains the information necessary for virus multiplication. The protein is arranged around the genome in the form of a layer or shell which is termed the capsid. The capsid and its enclosed nucleic acid constitute the nucleocapsid. In some more complex viruses, the capsid surrounds a protein core. Many animal virus particles consist of a naked nucleocapsid, while others possess an additional envelope usually acquired as a nucleocapsid bud from the host cell. The viral nucleic acid is not randomly stuffed inside the virus particle; it probably has a specific relationship with the capsid or core polypeptides. The completed virus particle is known as the virion, implying both an intactness of structure and the property of infectivity.

Viral capsids are composed of repeating subunits of one or a small number of different kinds of polypeptide. The simplest forms of such subunits are single protein molecules; more complex forms are morphologic subunits called capsomeres. Capsomeres can be seen by electron microscopy and consist of several either identical or different protein molecules.

The function of viral capsids and envelopes are two-fold. They protect viral genomes from potentially destructive agents (such as nucleases and other enzymes) and serve to introduce viral genomes into host cells. Viral nucleic acids cannot easily penetrate into cells by themselves. Capsids and envelopes absorb readily to cell surfaces and can enter cells by various ways.

In order to form a complete shell to protect the viral nucleic acid, the polypeptide molecules must be packed together symmetrically. Only two kinds

of symmetry have been recognized in capsids: ico-sahedral and helical.

The icosahedron has 20 faces and 12 corners; each face is an equilateral triangle. It has axes of two-, three- and five-fold rotational symmetry, passing through the edges, faces and vertices respectively. Icosahedral symmetry permits the enclosure of a maximal volume within a strong structure.

In viruses showing helical or screw symmetry, the capsomeres and nucleic acid molecule are wound together in a helix or spiral. The tubular nucleocapsid of animal viruses is wound into a coil and is surrounded by a loosely fitting lipoprotein envelope. The viral envelope usually consists of an inner membrane protein which is virusspecific and an outer lipoprotein complex which is formed from the cellular cytoplasmic membrane during the process of budding from the surface of the infected cell. The outer lipoprotein complex is not unmodified cellular membrane; cell proteins in the membrane are replaced by virus-specified glycoprotein subunits. These can be seen as 'spikes' projecting from the viral envelope. Viral envelopes are not restricted to viruses with helical symmetry; certain classes of viruses with icosahedral symmetry also possess envelopes.

CHEMICAL COMPOSITION

Experiments on the properties, composition and molecular biology of viruses depend on the availability of pure virus. Virions must be free of associated cell debris and other contaminating substances. Starting material may be cells from infected organs or cultured cells or extracellular material such as plasma, allantoic fluid or medium from cell cultures. An initial precipitation or centrifugation step is usually required as a concentrating procedure. This is then followed by preliminary purification to remove the bulk of nonviral material such as adsorption to and elution from red blood cells, treatment with detergents, emulsification with organic solvents, or passage through chromatographic columns capable of separating virus and cellular components. Density gradient centrifugation is almost always used as the final steps in purification. Rate zonal (velocity gradient) or equilibrium (isopycnic) gra-