

Obscure cause of muscle weakness in H7N9 infected patients: Lectures from two cases

Chao-Nan Jin

Zhejiang University, China

The study included two severe H7N9 pneumonia patients with non-immune diseases prior to the onset of virus infection. A 56-year-old female patient (case 1) and a 78-year-old female patient (case 2) were admitted because of fever, cough, chest tightness and shortness of breath, confirmed H7N9 infection soon after admission, followed by acute respiratory distress syndrome and various fatal bacterial

and fungal infection. Case 1 patients were found muscle weakness in all extremities when tried to withdraw the mechanical ventilator and case 2 the extracorporeal membrane oxygenation, which both of this condition decreased opportunity of ventilator weaning. What's more, case 1 carried the H7N9 virus for a prolonged time as 28 days, and both of them stayed in the hospital for a prolonged phase as more than two months. A clinical diagnosis of ICU-acquired weakness can be confirmed while according to results of electrophysiological testing and needle electromyography it's hard to differentiate critical illness polyneuropathy or

Guillain–Barré syndrome, since no lumbar puncture, muscle and nerve biopsy were conducted in hospitality. Following a long term comprehensive treatment, the patients' neurological condition improved gradually. In conclusion, though there's great improvement of possibility to save severe patients' lives from fatal respiratory and blood infections, it's necessary to pay enough attention and take more methods to differentiate the new complication as muscle weakness reported here, and all of the above lead to a prolonged hospital stay, which absolutely further result in huge costs of medical and economic resources.

jincn@zju.edu.cn