The Zika virus (ZIKV) is a member of the flaviviridae family, which also includes dengue and yellow fever. Symptoms only occur in ~20% of patients, are generally mild, and last 2-7 days [1]. Common presentations are low-grade fevers, maculopapular rash, arthralgias, and conjunctivitis. Neurologic complications include congenital microcephaly, myelitis, meningoencephalitis, and Guillain-Barre syndrome (GBS). In the 2013-2014 outbreak, the incidence of GBS was ~2.4 cases per 10,000 ZIKV infections [2]. As of May 2016, 591 cases of ZIKV were reported in the US and only 1 case of GBS [3]. Seldom does ZIKV lead to severe disease requiring hospitalization, and fatality rates are low. Gastrointestinal complications are rare as initial presenting symptoms in ZIKV infections but can include abdominal pain, nausea, diarrhea, and mucus membrane ulcerations. Our case report is an example of this rare, complicated presentation of an otherwise typically benign viral infection.

**Introduction**
- The Zika virus (ZIKV) is a member of the flaviviridae family, which also includes dengue and yellow fever.
- Symptoms only occur in ~20% of patients, are generally mild, and last 2-7 days [1].
- Common presentations are low-grade fevers, maculopapular rash, arthralgias, and conjunctivitis.
- Neurologic complications include congenital microcephaly, myelitis, meningoencephalitis, and Guillain-Barre syndrome (GBS).
- In the 2013-2014 outbreak, the incidence of GBS was ~2.4 cases per 10,000 ZIKV infections [2].
- As of May 2016, 591 cases of ZIKV were reported in the US and only 1 case of GBS [3].
- Seldom does ZIKV lead to severe disease requiring hospitalization, and fatality rates are low.
- Gastrointestinal complications are rare as initial presenting symptoms in ZIKV infections but can include abdominal pain, nausea, diarrhea, and mucus membrane ulcerations.
- Our case report is an example of this rare, complicated presentation of an otherwise typically benign viral infection.

**Case Presentation**
- An 81 yo male presented to the ED with fever, generalized weakness, nausea, vomiting, and diarrhea.
- He admitted to recent travel from El Salvador.
- PE was positive for abdominal tenderness, tachycardia, and hypotension.
- CT abd/pel and US revealed steatohepatitis.
- Lab data resulted in elevated LFTs, ammonia, WBC, and negative hepatitis panel.
- The patient was admitted for severe sepsis from a suspected viral syndrome and was tested for dengue and chikungunya due to recent travel.
- ZIKV was sent out and confirmed by the Centers for Disease Control (CDC).
- The patient subsequently developed GBS.
- After a 15 day hospital course, the patient complained of headache and became unresponsive.
- He suffered from a massive subarachnoid hemorrhage and remained in a coma with a very poor prognosis.

**Discussion**
- This case demonstrates that it is imperative to continue investigating this relatively new and changing infection caused by ZIKV.
- New discoveries from the most recent outbreaks include a growing number of GBS and congenital microcephaly cases that were not seen in the initial 2007 outbreak.
- We believe it is imperative that clinicians be aware of ZIKV as a rare but important etiology for various gastrointestinal symptoms, as seen in this case presentation.
- Early identification with readily available laboratory testing would yield faster treatment in patients with a history of travel to endemic areas, likely leading to decreased overall morbidity and mortality.

**References**

**Contact Information**
For any further questions or to contact the author:
Jamie L. Skrove, DO
Nova Southeastern University College of Osteopathic Medicine – Larkin Community Hospital, South Miami, FL
7000 SW 62nd Avenue, Suite 401
South Miami, FL 33143
(305) 284-7500