Varicella is a common and benign infectious disease however complications may occur. Varicella-zoster virus (VZV) can cause cerebral vasculopathy by invading the media layer of the cerebral arteries and trigger an inflammatory response, leading to vasculitis and thrombosis.

**CASE REPORT**

**5-year-old, healthy ♂**

**6 weeks after VZV infection**

- Recurrent transitory (< 12h) neurologic deficits
- Drooping of the right corner of the mouth
- Weakness of the right limbs
- Loss of the right hand’s fine motor skills
- Clear consciousness and no language deficits

**LAB TESTS**

- Normal CBC  CRP 3 mg/L ESR 22 mm/h

**LUMBAR PUNCTURE**

- WBC count 103/mm3 (mononuclear cells)
- Glucose 50% of serum glucose
- Protein 26,8 mg/dL  PCR VZV POSITIVE

**Cranial CT, Carotid Ultrasound (US) and echocardiogram NORMAL**

- EEG focal, periodic, bitemporal slowing of the background activity

**HEAD MRI**

- Irregularities in the M1 segment of the left middle cerebral artery (MCA) suggestive of VASCULITIS without parenchymal lesion.

**TRANSCRANIAL DOPPLER US**

- M1 segment of the left MCA with increased flow velocity and turbulence, compatible with MILD STENOSIS (<50%).

**TREATMENT:**

- Acyclovir IV 21 days
- Metilprednisolone IV 5 days
- Prednisolone 3 months
- Acetylisalicylic acid

**FOLLOW-UP 12 months later**

- No neurologic deficits
- Coagulation tests, head MRI and transcranial doppler US NORMAL

**COMMENTS**

Varicella vasculopathy is rare but it is a major cause of pediatric stroke. Clinical presentation as recurrent transient ischemic attacks was reported previously and may warrant consideration of acute anticoagulation. This diagnosis must be considered when approaching a patient with acute neurologic deficits and a previous history of VZV infection. This rare but potentially serious complication may add weight to the arguments in favor of universal vaccination against varicella.