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**FROM ATAXIA TO BILATERAL FACIAL PALSY
DUE TO ONE VIRUS**

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Case reports Two patients attended our hospital emergency department during one month and were referred to neurology. Patient 1 was a 43-year-old man who presented with facial drooping developing over three days. On review, he had recent jaundice, malaise, fever and sweats. Examination showed a bilateral lower motor neuron facial weakness. Abdomen ultrasound showed hepatosplenomegaly and atypical lymphocytes were present on a blood film. Serum Epstein-Barr virus (EBV) IgM antibodies were positive with negative EBV IgG antibodies. Patient 2 was a 17-year-old man with headache, nausea and light-headedness who presented after loss of consciousness. On examination, he had bilateral dysdiadochokinesis, intention tremor, slurred speech and a broad-based gait. Cerebrospinal fluid EBV DNA polymerase chain reaction test was positive.

Discussion Neurological complications occur in up to 8% of patients with EBV infection. Although viral meningitis is the commonest presentation, it may result in encephalitis, cerebellitis, cranial nerve palsies, myelitis and neuropathies. Cerebrospinal fluid viral DNA testing is often negative and the diagnosis requires careful history-taking for preceding systemic symptoms.