we present the clinical description and results of immunodiagnostic investigations in three cases of human infection with pseudorabies virus.

A 52-year-old man (case 1) spent his holidays on the island of Bornholm, Denmark, in 1983. There he took care of a cat which had a bloody discharge from the ear and showed fits of suffocation and choking. He cut his left thumb when washing the cat’s dishes and a week later the thumb started to swell and became sore and inflamed. He felt weak, feverish, and sweaty. He noticed dysphagia, dysgeusia, burning and piercing pain in the tongue, dryness and tension in his nose, mouth, and throat, and hypersalivation during meals. Several weeks later he complained of loss of appetite, loss of weight (10 kg), intermittent headache, tinnitus, muscle and joint pain, paraesthesia and loss of tactile sense in hands and feet, and a feeling of inner tension. With slowly decreasing intensity and several relapses the illness lasted for almost a year.

The clinical history suggested infection but routine virological, bacteriological, parasitological, and immunological investigations were negative. He had several thorough check-ups and a year later a neurological examination, including encephalography, electromyography, and electroneurography, was done; all findings were normal. When the patient returned to Bornholm he was told that many cats had died without obvious reason at the time of his first visit and the symptoms described in the cats led us to suspect an epidemic of pseudorabies.

In January 1986 we saw two similar cases—a 43-year-old man and his 41-year-old wife (cases 2 and 3) who had toured the south of France in August 1985. They also recalled close contact with cats and other domestic animals. However, they did not know if any of these animals were ill. Both had fallen ill at the end of the journey with tiredness, fever, profuse sweating, mild diarrhoea, and painless generalised lymph-node enlargement. They complained of dysphagia, a sensation of dryness and tension in the nose, throat, and mouth, and perception of strange smells and tastes. When we saw them most symptoms had disappeared. The man reported occa- sional dysphagia; his wife was still weak, with tiredness, slight dysphagia, and tingling sensations. Several months later both had recovered completely. Clinical and neurological examination and laboratory investigations were normal.

Pseudorabies antibody studies were done in all three cases, by virus neutralisation and immunoprecipitation tests. 2 When first tested, 5-15 months after the onset of clinical illness, all three patients were antibody positive with the same titres of 8 to 16. 2-24 months later the patients were seronegative.

In no previous suspected case of human pseudorabies 4 has clinical observation been supported by virus isolation or detection of antibodies. Our three cases strongly indicate that pseudorabies can occur in man. The three patients had contact with animals and the route of transmission may be by inoculation via the skin or by inoculation of saliva. The symptoms may start 1-3 weeks after infection, with fever, sweating, weakness, and tiredness. Later central nervous system involvement predominates, especially in cranial nerves I, V, and IX. The symptoms may suggest a psychosomatic syndrome. Infection can be confirmed by assay of neutralising antibodies to pseudorabies virus.

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