**Neurological Nightmare: The Dangers of Acyclovir**

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Introduction

Acyclovir is a widely used antiviral medication effective against herpes simplex and varicella-zoster infections. While generally safe, its use in patients with renal insufficiency, particularly those with end-stage kidney failure, can lead to neurotoxic side effects due to the accumulation of the drug and its metabolites. In patients with renal failure, neurotoxic side effects may occur 24 to 48 hours following the administration of drugs. Early detection of acyclovir neurotoxicity improves the patient's prognosis. Discontinuation of the medication and consider hemodialysis to remove the drug's effects.

Case Description

We report a case of a 57-year-old lady with underlying end-stage renal failure who initially presented to a clinic with an oral mucosa lesion and received a diagnosis of Herpes Labialis. She was then prescribed T. Acyclovir 200 mg five times daily, along with Acyclovir cream. Subsequently, two days later, she presented to the Emergency Department (ED) complaining of bilateral upper limb cramping, unsteady walking, myoclonic movement of the bilateral upper limb, difficulty holding objects, slurring of speech, and an unsteady gait. Upon examination, the patient’s vital signs were stable, prompting a relevant blood investigation that revealed no abnormalities. A plain CT brain scan was then performed to rule out a cerebrovascular accident, which was reported as normal. Based on her history, clinical examination, and relevant investigation, all contributed to the diagnosis of acyclovir-induced neurotoxicity. The patient was then admitted to the ward and started on regular hemodialysis. She was soon discharged well with no remaining neurological symptoms.

Discussion

Acyclovir-induced neurotoxicity, although rare, is a significant risk in patients with severe renal impairment, such as those with end-stage renal failure. The drug and its metabolites accumulate due to reduced renal clearance, leading to neurotoxic effects. Symptoms can range from mild confusion to severe encephalopathy, including agitation and hallucinations. Early recognition, dose adjustment, and enhanced clearance through dialysis are essential for effective management.

Conclusion

This case highlights the importance of taking into consideration acyclovir-induced neurotoxicity in individuals with kidney failure who experience sudden neurological symptoms. Adherence to the proper dosage and closely monitoring kidney function help prevent these side effects.