

RABIES WITH OLIGOSYMPTOMATIC EVOLUTION

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The clinical aspect of the present rabies differs from the classic type. The suspicion of rabies must be formulated in all the cases of neuropathies with palsies or encephalitis with progressive severe evolution. The suspicion of rabies must be formulated even if the hydro and airphobia are absent and even in the absence of the animal biting. There are some rare possibilities of getting infected: infected aerosols in caves, in the laboratory or the cornea transplant. We present O.F. 50 years old, female, that came to the hospital on the 4th day of illness for parestesia of the left hemybody, restlessness, thoracic constriction, fever. The parestesia was more present at the right thumb, the place of biting produced by a wild cat (*Felix Lynnx*) 41 days ago. At the moment of admittance the clinical examination was unremarkable. At the right thumb-distal phalange the skin was pale and parchment-like. After the biting the patient did not seek medical help, did not receive antirabies prophylaxis. The results of the biological exams were normal. There were some important moments during the evolution: on the 3th day of hospitalisation (the 7th day of illness) she was shortbreath presented thoracic constriction. On the 4th day she was very adynamic but well disposed (she humed a melody). On the 5th day she presented vomiting "coffee grounds". On the 6th day she developed a distended bladder, the speech was whispered, hardly intelligible. On the 7th day of hospital (the 11th day of illness) after a 12 hours coma she died by cardiorespiratory arrest. The direct microscopic exam (the impression from the Amon chorn, the quadrigemen peduncles, cerebellum) the biologic test on mice confirmed the diagnosis of rabies.