

**West Nile Encephalitis in a Collegiate Softball Pitcher**
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**Background:** A twenty year old female Division III Collegiate softball pitcher, attending a New Jersey institution, reported to the athletic training room that she was diagnosed with West Nile Disease the previous summer. This transfer student-athlete indicated that following a tournament in Florida she began complaining of lethargy, fever, headaches, and general body aches. An initial physician follow-up, in New Jersey, indicated she was diagnosed with mononucleosis. A few weeks later she went to her physician again because her symptoms continued to persist and she developed Bell’s palsy to the right side of her face. She was admitted to the hospital and treated for meningitis. Again symptoms continued to persist which lead to a cultured spinal tap being completed. This diagnostic test revealed that this athlete had contracted West Nile Encephalitis which was thought to occur as a result of a mosquito bite that transpired during the Florida softball tournament. The athlete continues to have complications as a result of this pathology which include: anemia, seizures during sleeping, night sweats, neuropathy within her left arm and severe headaches with activity. During a preseason practice, she complained of an extreme headache, diplopia and disorientation, with no history of head trauma, which was so intense she was referred to the local emergency room. Here she was given Benadryl, morphine and steroids to treat the acute symptoms and then released. She has since seen an infectious disease specialist and neurologist to manage her complications resulting from this disease. **Differential Diagnosis:** West Nile Meningitis, West Nile Poliomyelitis, Mononucleosis, Lyme’s Disease, Tuberculosis. **Treatment:** The athlete is currently taking a plethora of medications to treat the symptoms of this pathology. These medications include: Melatonin, Percocet, Fioricet, Imitrex, Klonopin, Rivotril, and Topamax. She returned to activity one week after seeing the infectious disease specialist with the only limitation being rest if symptoms increased during activity.  

**Uniqueness:** This case is exceptional because the West Nile virus is rare within the athletic population in the Northeast. Several incorrect diagnoses were reported possibly because of the infrequency for which it is seen within the active population. **Conclusion:** West Nile Encephalitis is uncommon and with this so is the literature. There is almost no material discussing this disease in the athletic population and very little, if any, material on the long term effects and secondary complications of this illness. **Word Count:** 391