Special Issue

Pathological Changes Associated with Congenital Zika Virus Infection

Message from the Guest Editor

Congenital ZKV infection is highly associated with fetal–neonatal microcephaly, which should be genetically distinguished from primary microcephaly. The clinical diagnosis of congenital ZKV infection relies upon a positive serologic test based on r-RT-PCT (real-time transcription polymerase chain reaction) and direct demonstration of ZKV-RNA on a cultured cortex specimen during autopsy, in cases of perinatal death. Prenatal diagnosis of brain malformations, through specific findings, may be detected by means of 2D/3D ultrasound as well as by means of fetal MR imaging. The main severe anomaly associated with ZKV congenital infection is microcephaly, which it is usually detected during the third trimester of pregnancy. Fetal MRI may be more accurate than ultrasound and may enhance the prenatal detection of polymicrogyria, laminar necrosis, and brain-stem anomalies. Neuropathology is mandatory, and demonstration of RNA virus in brain cells is critical to demonstrating a causative effect of ZKV congenital infection.

- Zika virus
- Congenital Zika virus infection
- Brain malformations
- Microcephaly
- Prenatal ultrasound
- Fetal MRI

Guest Editor

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