This study reports long term outcome (mean of 1.1 years) of 7 patients with acute flaccid paralysis following West Nile Virus infection. Outcome measurement was achieved using a 36 item short-form (SF-36) with questionnaire relating to physical and mental health. The important contribution of this study to the literature is the measurement of the impact of the impaired physical function on quality of life in cases of acute flaccid paralysis using a validated scale. Carson, PJ, Konweko P, Wold KS, et al reported neurocognitive impairment in patients without overt encephalitis (Carson PJ, Konweko P, Wold KS, et al. Long-term clinical and neuropsychological outcomes of West Nile virus infection. Clin Infect Dis 2006; 43:723-30). In this present study the authors noted elevated cerebrospinal fluid pleocytosis and elevated protein levels in their 7 patients. West Nile virus specific IGM antibody in CSF was performed or not is
not known as it was not reported. Based on CSF findings, it is quite conceivable that these patients with flaccid paralysis had concomittant presence of encephalitis. However, this did not appear to be severe as evidenced by the improvement and normalization of the MCS scores. Sejvar JJ, Bode AV, Marfin AA, et al. (West Nile virus-associated flaccid paralysis outcome. Emerg Infect Dist 2006; 12:514-16) and Cao NU. Ranganathan C, Kupsky WJ, Li J (Recovery and prognosticators of paralysis in West Nile virus infection. J Neurol Sci 2005; 236:73-80) in their studies had reported that most strength recovery to occur during first 6-8 months following weakness onset. The mean follow up time of these 7 patients case series of 1.1 years should be more than adequate to capture physical function. Overall, this was a good case report.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests.