Viral tropism, and the placenta barrier could explain this discordant little is known about the mechanisms enrolled in vertical trans-
Despite the advances in understanding the pathophysiology of CZI, language function was high average. The MRI, eye exam, and
ing 2,685 g; the head circumference was 34 cm, APGAR 9/9. At one years. Anti- Zika IgG was positive. The second twin born weigh-
bral Palsy, by GMFCS V scale. Auditory evaluation by Brainstem function were extremely low. This child had the diagnosis of Cere-
one year and nine months of age, at the evaluation of the neu-
ble with microcephaly, severe gliosis and ventriculomegaly. At 9 months, eye exam showed atrophy of the optic nerve bilateral. At
39 weeks, the first twin born with 2,240 g; APGAR 9/9 and the head circumference was 31 cm, with the diagnosis of
metry, no abnormality was detected. The delivery occurred at a
Colombia. In this country our group published its consequence after
chronic inflammatory rheumatism in La Virginia, Risaralda, Colombia
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**Background:** Discordant clinical outcomes in congenital infectious disorders have been described, such as in Cytomegalovirus, toxoplasmosis and HIV infection, most of them in dizygotic twin pregnancies. In Brazil, since 2015, more than 2800 cases of congenital Zika infection (CZI) were confirmed. To date, three cases of discordant CZI infection in twins were reported, one case in monozygotic pregnancy and two cases in dizygotic twin pregnancies.

**Methods & Materials:** Here, we describe a case report with the clinical presentation of discordant twin siblings, one with microcephaly.

**Results:** Two boys, born in Salvador, Brazil, in June/2015, from a dizygotic twin pregnancy. The mother had rash and itchiness, in the seventh month of gestation. Through the obstetric ultrasonography, no abnormality was detected. The delivery occurred at a gestational age of 39 weeks, the first twin born with 2,240 g; APGAR 9/9 and the head circumference was 31 cm, with the diagnosis of microcephaly. Magnetic Resonance Imaging (MRI) was compatible with microcephaly, severe gliosis and ventriculomegaly. At 9 months, eye exam showed atrophy of the optic nerve bilateral. At one year and nine months of age, at the evaluation of the neuromotor development by Bayley III scale, cognitive, language and motor function were extremely low. This child had the diagnosis of Cerebral Palsy, by GMFCS V scale. Auditory evaluation by Brainstem Auditory Evoked Potential (BAEP) was normal at the age of two years. Anti- Zika IgG was positive. The second twin born weighing 2,685 g; the head circumference was 34 cm, APGAR 9/9. At one year and eight months, at the evaluation of the neurodevelopmental by Bayley III scale, cognitive and motor function were average and language function was high average. The MRI, eye exam, and BAEP were without abnormalities. Anti- Zika IgG was negative.

**Conclusion:** We described twins exposed to the Zika virus during pregnancy, but only one with neurological damage by CZI. Despite the advances in understanding the pathophysiology of CZI, little is known about the mechanisms enrolled in vertical transmission of the Zika virus. Possible factors, like fetus genetic factors, viral tropism, and the placenta barrier could explain this discordant presentation, but further studies are necessary to confirm.

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