

CEREBRAL TOXOPLASMOSIS AS IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME IN A LATE PRESENTER PATIENT

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CASE REPORT

Female patient, 32 was admitted to hematology suspecting malignant haemopathy (anemia, leucopenia), on 16.08.2014 transferred to the Infectious Diseases Hospital Târgu-Mureş with HIV infection suspicion.

- Family history: husband, child HIV-negative
- Past pathological history:
 - 2008- dilation and curettage
 - 2010- surgical intervention-mastitis(?); dental healthcare
 - 2014- April - herpes zoster
- Risk factors unknown: Heterosexual, one declared sexual partner-husband, no transfusion, no drugs, no alcohol use, non smoker

AT ADMISSION

Her illness started a few months ago (4-5) with: herpes zoster, intermittent fever, asthenia, adynamia, dizziness, weight loss (10 kg in 3 months), molluscum contagiosum on the face. (She was treated by her GP, Internal Medicine Clinic, Dermatology, all without long-term success.)

Clinical findings:

Altered general state, BMI 16, fever (38⁰C), pallid, dry skin, postoperative scar- right breast, diffused hyperemic pharynx, tongue and palate with white deposits, generalized lymphadenopathy, splenomegaly.

ELISA and Western Blot confirmed HIV infection with very **low CD4** cell count (43 cells/mm³) and a **high viral load** (339.468 copies/mL.)

LABORATORY

	ADMISSION (16.08.2014)
CD4 Cells/mm ³	43
VL copies/ml	339468
WBC* 10 ³ /μl	2.70
RBC * 10 ³ /μl	2.63
HGB g/dl	6
HCT %	17.8

SEROLOGY

Ab IgG anti CMV: reactive;
Ab IgM anti CMV: negative
**Ab IgG anti Toxo:
reactive**
Ab IgM anti Toxo: negative
Ag HBS negative
Ab anti HCV negative,
TPHA negative

INVESTIGATIONS

- Sputum examination: Negative AFB
- Chest X-ray: without pathological findings
- Lingual secretion: Candida albicans
- Abdominal ultrasound: Hepatosplenomegaly
- Dermatology check-up: Facial extended giant molluscum contagiosum
- Fundoscopy: without pathological findings
- Gynecology check-up: Colpo cervicitis

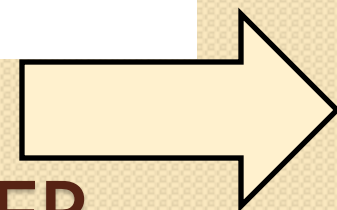
DIAGNOSIS

- C3 stage HIV infection
- Anemia
- Leucopenia
- Wasting syndrome
- Oral candidiasis
- Molluscum contagiosum

TREATMENT

- ART: Kivexa+Prezista/Ritonavir;
- TMP-SMZ

(16.08.2015)



7 WEEKS LATER

* 5/29/1982
Study 1
10/15/2014
10:32:16 AM
87 IMA



Hypodense lesion at the level of the right temporal lobe
76 mm in diameter, mass effect on V3 and LV

SL 1
SP -714.5

W: 80
C: 35

14.10.2014 Fever, headache
15.10.2014 Focal neurological signs, left sided hemiparesis

DIAGNOSIS

- C3 stage HIV infection
- Cerebral toxoplasmosis (?)
- IRIS
- Anemia
- Wasting syndrome
- Oral candidiasis
- Molluscum contagiosum (face and neck extended)

TREATMENT

- Clindamycin, TMP-SMZ,
- Dexamethasone , ART

DIFFERENTIAL DIAGNOSIS

- Primary CNS lymphoma
- Cryptococcoma
- Tuberculoma
- Brain abscess

	<u>ADMISSION</u>	<u>7 WEEKS</u>
CD4 cells/mm³	43	133
VL copies/ml	339468	
WBC * 10 ³ /μl	2.70	7.16
RBC * 10 ³ /μl	2.63	4.25
HGB g/dl	6	10.28
HCT %	17.8	30.3

OUTCOME



31.10.2014

Reduction of lesion to 40/26mm. Negative contrast medium uptake and has mass effect only on frontal right horn of the LV

	<u>ADMISS ION</u>	<u>7 WEEKS</u>	<u>9 WEEKS</u>	<u>1 YEAR</u>
CD4 cells/ mm ³	43	133		204
VL copie s/ml	339468			< 20
RBC * 10 ³ /μl	2.63	4.25	4.46	5.47
HGB g/dl	6	10.28	10.44	11.66
HCT %	17.8	30.3	32.23	37.78

At this moment she is fully recovered, with good quality of life, she`s working and has a balanced family life.

CHARACTERISTICS

- ✓ Late presenter
- ✓ Unknown transmission
- ✓ Cerebral toxoplasmosis as immune reconstitution inflammatory syndrome
- ✓ Good adherence to treatment and follow-up
- ✓ Complete neurological recovery



**THANK YOU FOR
YOUR ATTENTION!**