

A patient with HIV/HCV co-infection on substitution methadone therapy and the history of alcohol and benzodiazepine abuse - a case of multifactorial neurological disorder.

Ewa Pietraszkiewicz Hospital for Infectious Diseases in Warsaw

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A case report

- Man, 65 years old (born in 1950)
- HIV I (+) Western Blot test : 27.04.1989
- Comorbidities :
- Chronic hepatitis C not effective therapy with interferon and ribavirin 2005
- At the time of notification to the clinic in 2001
 Stage C3 CDC : CD4 52 cells, CD4 / CD8 0.14
- Recurrent fungal infections of the gastrointestinal tract
- Disseminated herpes zoster



Interview

- The mode of infection HIV- psychoactive drugs used intravenously
- From 14 years old addiction of illegal drugs
- o glues,
- o solvents,
- o opiates " compote", heroin,
- o benzodiazepines,
- alcohol,
- From 16 years old started taking drugs intravenosusly
- From 17 years old under psychiatric care,
- 14 times detoxified in hospital words
- From 50 years old (2001) substitution methadone therapy- the current methadone dose of 110 mg

History of HIV treatment

	Date	ARV	The reasons for treatment change	Date	CD4 cell/sul	CD4/CD8	VL HIV copies/ml
				11.1998	294	0,30	
				04.2001	52	0,14	65200
	06.2001- 05.2002	AZT+3TC+ SQV+ RTV	Lactic acidodis	09.2001	136	0,16	<50
				04.2002	253	0,44	79
	05.2002- 07.2002	SQV + RTV+ EFV	CNS disorder after EFV	06.2003	432	0,30	<50
				06.2004	298	0,36	<50
	07.2002- 01.2007	SQV + LVP /r+ RTV	simplification	09.2005	267	0.40	<50
				06.2006	330	0,41	<50
	01.2007- 04.2014	SQV+ LPV/r	Neurocognitive disorder	04.2007	403	0,39	<50
				05.2008	315	0,47	88
	05.2014- 08.2014	AZT + 3TC + SQV +LPV/r	anemia	07.2009	502	0,52	<40
				04.2010	361	0,58	<40
	08.2014- 10.2014	FTC+TDF + SQV + LPV/r	simplification	09.2011	424	0,58	42
				07.2012	465	0,60	<40
Contraction of the	10.2014 – now	FTC+TDF + DRV/r		07.2013	397	0,54	<40
				04.2014	482	0.61	247

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The patient reported: dizziness, memory impairment, difficulty in performing daily activities

- The physical examination: devastated, weight loss 10 kg in 2 months without dieting, muscle atrophy and reduced lower limb strength
- **MR CNS**: multiple, small, scattered and confluent foci of increased signal intensity on T2-dependent and sequence Flare located in the subcortical white matter and paraventricular in the frontal, temporal and parietal lesser extent, the two hemispheres of the brain. Spilled changes in the temporal lobes and deep structures on both sides. After intravenous administration of contrast agent fireplace strengthening the 3-4 mm located in the convexity of the frontal lobe and right hemisphere 8x5 mm bonfire in the middle of the right parietal lobe. Ambiguous picture inflammation, infectious accompanied by edema and slight modifications of the damaged bloodbrain barrier
- **Doppler ultrasound of carotid and vertebral arteries** without perceptible hemodynamically significant stenoses

Lumbar puncture:

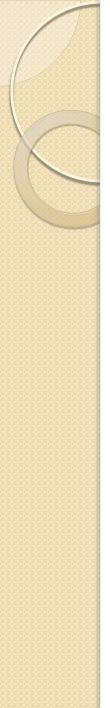
Cytosis 8 cells , 100% lymphocytes	HSV IgM, IgG	negative	RNA HIV 2448 copies/ml	
Protein 0,88g/l (0.12-0,6)	Toxo IgM, IgG	negative	(serum 60 copies/ml)	
Glucose 2,66 mmol/l (2,20-4,40)	CMV lgM, lgG	negative	genotyping- no mutations	
Chloride 119 mmol/l (115-129)	EBV lgM, lgG	negative		
Lactic acid 1,27 mmol/l (1,13-3,23)	Ag Cryptococcus	negative		

Specialist consultations

Psychiatric consultation - depressive episode F32 according to ICD -10, organic personality disorders, received fluoxetine 10 mg / d, mianserini 10mg / night

Neurological consultation - psychomotor retardation, paralysis of the lower limbs of medium, organic CNS damage

Psychological consultation - impaired memory and learning, lability attention and psychomotor skills - an advanced and progressive stage of MND - F04.2 according to ICD -10.



Summary

- Multifactorial patomechanism of CNS disorders
- Wide diagnostics necessary
- Interdisciplinary care
- Luck of standards of care in such patients