

***CRYPTOCOCCUS NEOFORMANS  
MENINGOENCEPHALITIS IN  
HIV INFECTION***

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Resident 3-rd year  
Infectious diseases  
Timisoara***

# GENERAL DATA

## History:

- 20 years old, ♀, urban background, student;
- Pathological personal history: oral candidiasis;

## Symptomatology:

- Fever, headache, vomiting, productive cough, chest pain, dysphagia, drowsiness, photophobia,;

## Medical history:

- 6 days ago debut → Orsova Hospital: antibiotics + antifungal + pain relievers;
- Transfer in “Victor Babes” Timisoara - Infectious diseases.

# ADMISSION STATUS

- *Fever, headache, vomiting, photophobia;*
- *Productive cough, dysphagia, chest pain;*
- *Pale skin, atopic dermatitis, oropharyngeal candidiasis;*
- *Drowsiness, altered mental status;*
- *Tachycardia, tachypnea;*
- *Meningeal irritation signs -*

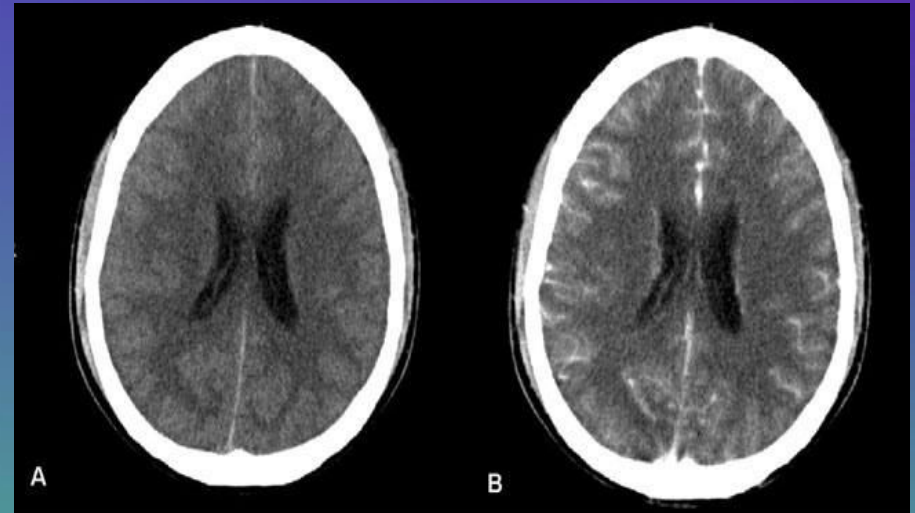
# LABORATORY INVESTIGATIONS

*L=4.600/mm<sup>3</sup>*  
*Ne=88.3%↑*  
*ESR=65 mm/h↑*  
*Hb=9.7 g/dl↓*  
*Ht=29.4%↓*  
*Fb=5.7 g%↑*

*Cultures of: blood,  
sputum, pharyngeal  
swab, urine and stool*

*ALT=73 U/L↑*  
*AST=31 U/L*  
*HBs Ag=Positive.*

*Chest radiography*



*CSF: clear, Pandy ++, P=1.13  
g/l, G=30 mg/dl, Cl=7.1 g/L  
Elements=58/mm<sup>3</sup>, Ly=80%,  
Ne=20%*  
*CSF direct microscopy: “-”*  
*CSF culture*

# LABORATORY INVESTIGATION

❖ Diagnostic stage: bacterial meningitis “beheaded”?



## *Treatment :*

- *etiologial: antibiotics (Ceftriaxone 2x2 g/day) + antifungal (Fluconazole, 200 mg/day);*
- *pathogenic: Mannitol (1.5-2g/kg), corticosteroids (Dexamethasone 3x8mg/day), sedatives (Diazepam 0.2 mg/kg), Hypertonic Glucose (33%);*
- *symptomatic: pain relievers, antithermal.*



❖ *3 days later!!! Blood culture “+” Cryptococcus N.; CSF Culture “+” Cryptococcus N; Pharyngeal swab: Candida albicans “+”.*

*Next step: HIV serology “+”; WB=positive; CD4 = 1 cell/ $\mu$ l; VL= 164.000 copies/ml*

# POSITIVE DIAGNOSIS

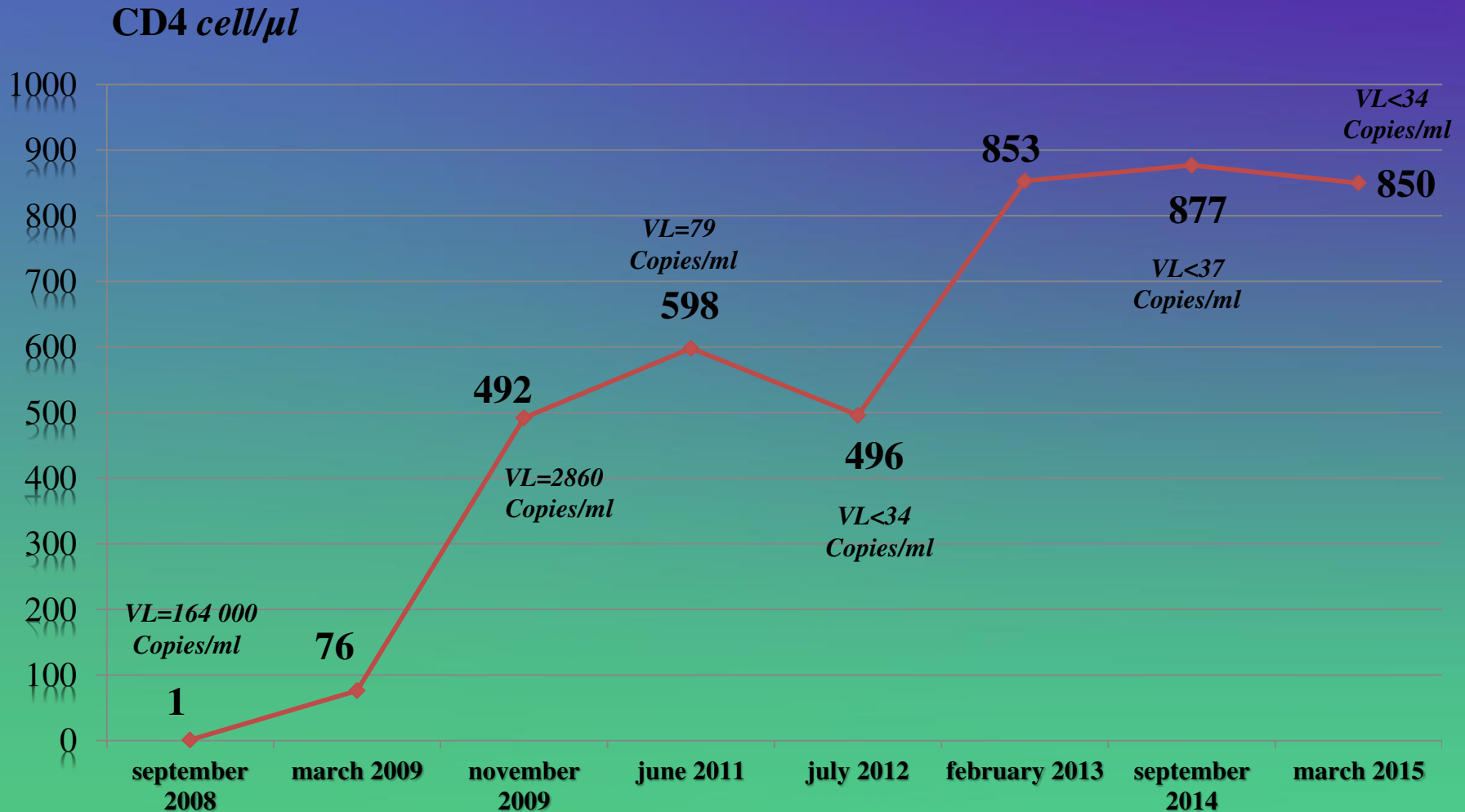
- ❖ *HIV infection stage C3;*
- ❖ *Cryptococcus N. sepsis;*
- ❖ *Cryptococcus N. meningoencephalitis;*
- ❖ *Chronic B hepatitis;*
- ❖ *Oropharyngeal candidiasis;*
- ❖ *Secondary anemia.*
  
- ✓ *Fluconazole 200 mg/100 ml, 800 mg/day, for 11 days, then maintenance dose 400 mg/day;*
- ✓ *Prevention of pneumocystosis: SMZ-TMP 480 mg, 2 tb/day;*
  
- ❑ *COUNCELING FOR ARV!*
- *cART :*
  - *Lamivudine/Zidovudine 150 mg/300 mg, 2x1 tb/day;*
  - *Lopinavir, Ritonavir 200 mg/50 mg, 2x2 tb/day.*

# *RECOMMENDATIONS AT DISCHARGE*

*Continue treatment with :*

- *Lamivudine/Zidovudine 150 mg/300 mg, 2x1 tb/day;*
- *Lopinavir, Ritonavir 200 mg/50 mg, 2x2 tb/day;*
- *SMZ-TMP 480 mg, 2 tb/day;*
- *Fluconazole 200 mg, 2 tb/day;*
- *Control returns to the scheduled or whenever needed.*

# VIRO-IMMUNOLOGICAL EVOLUTION







***THANK YOU!***