Cerebral toxoplasmosis as a presentation of AIDS

Clinical Snapshot

Cátia Margarida Teixeira, Andreia Brito and David Ferreira

Centro Hospitalar do Médio Tejo

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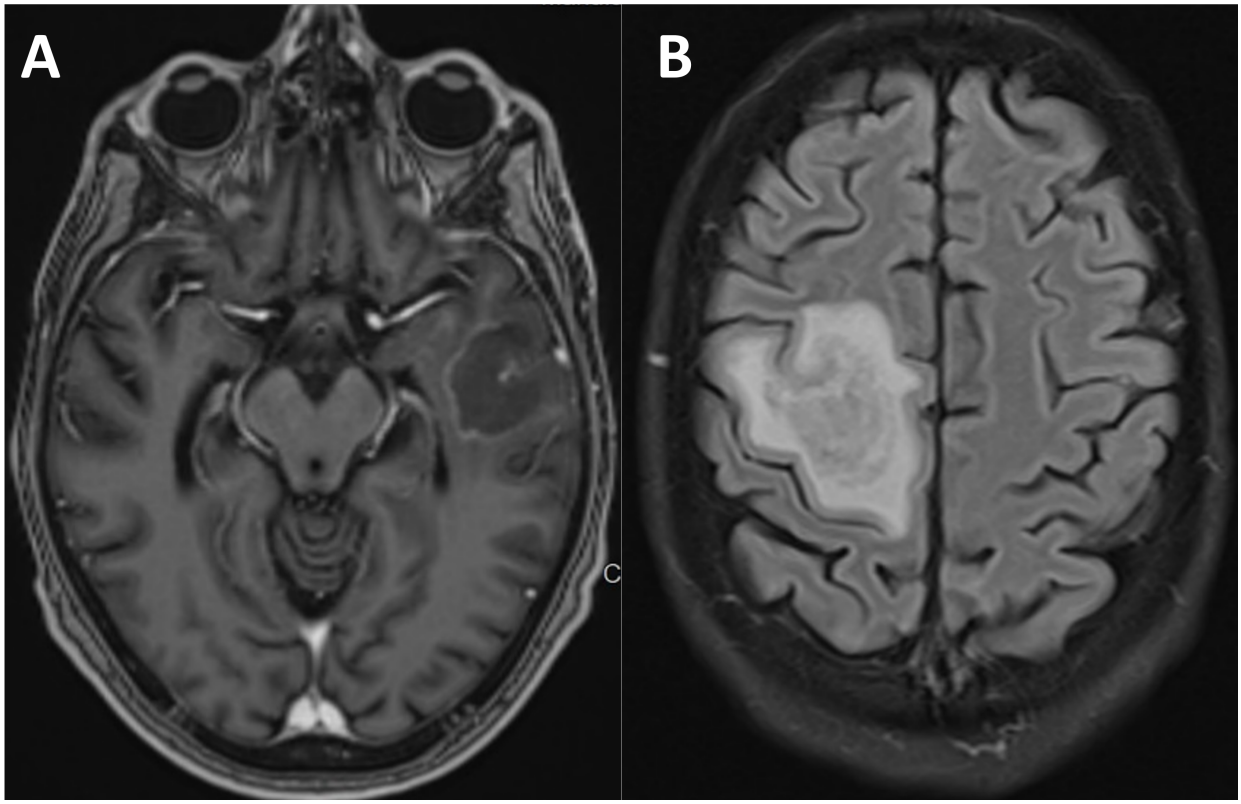

Figure 1: Magnetic Resonance Image (MRI) shows: A) T1 sequence image shows hypointense lesion with annular reinforcement to the contrast medium in left temporal lobe; B) T2 FLAIR sequence image shows isointense lesion with vasogenic edema in the right semioval center.

Contact data: Cátia Margarida Teixeira, Largo Engenheiro Bioucas 2200-202 Abrantes, Portugal., Phone number: (+351) 249 320 100, c.margarida.s.t@gmail.com

Clinical Snapshot of 30-year-old male, no relevant history, with a clinic of behavioural changes, disinhibition, hallucinations and heteroaggressiveness of two moths of evolution, compulsively admitted for studies. Patient was not cooperative to objective examination and presented a left hemiparesis. A brain Magnetic Resonance Image (MRI) shows multiple expansive parenquimatosas lesions, with the following topography: left cerebellar hemisphere; left superior temporal pole; right anterior thalamus; right temporoparietal transition and Perirolandic. T1 and T2 FLAIR sequence shows alternating areas of hyper and hyposignal translating hemorrhagic necrosis, inflammatory infiltrate and fibrin, outlining the characteristic concentric rings (Figure 1). Due to these lesions the possibility of a brain toxoplasmosis was highlighted and corresponding lumbar puncture and serology for *Toxoplasma Gondii* carried out, being the IgG positive. HIV trace was positive for HIV1, whose CD4 count was of 8 cell/mcL. Therefore, executed the HIV infection diagnosis in AIDS initial diagnosis.

About 75-90% of people with AIDS have neurological symptoms,[1] and it is extremely important to exclude the presence of opportunistic infections such as toxoplasmosis. *Toxoplasma gondi* infection is one of the most common infections among humans,[2] with an acute infection being usually asymptomatic in immunocompetent people, whereas in immunosuppressed patients it can present with an insidious clinical presentation of headaches, mental confusion, quickly evolving into neurological deficits and convulsions, presenting a high morbidity and mortality.[3] A very characteristic finding are the ring-enhancing brain lesions[3] present on imaging studies. It is a pathology that responds well to treatment with Pyrimethamine and sulfadiazine, with clinical suspicion being extremely important in order to arrive at a diagnosis as soon as possible.

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Conflicto de Interés

Los autores niegan presentar conflictos de interés en éste trabajo

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