



Fulminant Mixed-Genesis (Cryptococcal and Viral) Fatal Central Nervous System Lesions in an HIV-Infected Patient, Case Report

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Mixed-genesis lesions of the central nervous system (CNS), including those resulting from fungal infections, have been described in patients infected with HIV. The clinical course of such patients is highly variable. Here we describe a case that illustrates the complexity of fulminant CNS lesions resulting from opportunistic infections in immunocompromised HIV-infected patients.

The patient was a 25-year-old woman who was infected via sexual transmission after her marriage to an HIV-infected person in 2001. In January 2003, she became ill with an acute respiratory infection accompanied by a dot rash. An acute HIV infection or roseola was suspected.

Because of the HIV risk, the patient underwent a medical abortion in February 2003, terminating a 12-week pregnancy.

On April 3, 2003, the patient was diagnosed with a general intoxication syndrome. Although a significant pathology, it is not determined by clinical, laboratory, or instrumental methods. After 24 days of treatment in a local hospital, which did not result in any significant improvement, the patient received the diagnosis of "stage A HIV infection, a fever of unknown genesis, and possible CNS lymphoma." She was referred to our hospital for further precise diagnostics and treatment.

The patient was admitted on June 11, 2003, for enforced therapy because of symptoms resulting from brain swelling accompanied by neurological dysfunction resulting from general intoxication syndrome. Her symptoms included right-hand semi-paresis and pseudobulbar syndrome. It was also noted at the time of admission that the patient was significantly overweight. The decision was made to refrain from performing emergency lumbar puncture because she was undergoing intravenous detoxification therapy. The differential diagnosis included presence of a brain mass, possibly CNS lymphoma, and acute meningoencephalitis, possibly caused by an opportunistic viral or cryptococcal infection.

The patient died on June 13, 2003, and an autopsy revealed the following findings: irregular devastation of all groups of lymph nodes, spleen, and viscera; atrophy of the adrenal cortex; involution of the thymus; viral meningoencephalitis; generalized cryptococcosis with lesions in the brain's meninges and tissues; and clinical coma resulting from brain swelling. This case is of practical clinical interest because it is illustrative of the complexity involved in diagnosing intravital CNS lesions, which in this case was due to the fulminant progress of an opportunistic disease (cryptococcosis) taking place against the background of enforced therapy.