



A STUDY OF C.N.S. MANIFESTATIONS IN 30 HIV POSITIVE PATIENTS.

Medicine

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KEYWORDS

INTRODUCTION

- India has the third largest HIV epidemic in the world with 2.1 million people living with HIV.
- India's epidemic is concentrated among key affected populations including sex workers and men who have sex with men. The National AIDS Control Program ,however, has made particular efforts to reach these two high-risk groups with HIV interventions.
- Despite free antiretroviral treatment being available uptake remains low as many people face difficulty in accessing clinics.

CNS MANIFESTATION

- Complications of the nervous system can occur in more than 40% of patients with HIV.
- In 10–20% of cases, neurologic manifestations are the presenting signs/symptoms of AIDS.
- The neurologic problems that occur in HIV-infected individuals may be either primary to the pathogenic processes of HIV infection or secondary to opportunistic infections or neoplasms.
- Among the more frequent opportunistic diseases that involve the CNS are toxoplasmosis , cryptococcosis, progressive multifocal leukoencephalopathy, and primary CNS lymphoma.

Conditions primary to HIV:

- Aseptic meningitis
- HIV-associated neurocognitive disorders (HAND), including HIV encephalopathy/ AIDS dementia complex
- Myelopathy
- Vacuolar myelopathy
- Pure sensory ataxia
- Paresthesia/dysesthesia
- Peripheral neuropathy

Acute inflammatory demyelinating polyneuropathy (Guillain-Barre syndrome)

Chronic inflammatory demyelinating polyneuropathy (CIDP)

Mononeuritis multiplex

Distal symmetric polyneuropathy

- Myopathy

Conditions secondary to HIV or those related to treatment include:

Opportunistic Infection

Toxoplasmosis

Cryptococcosis

Progressive multifocal leukoencephalopathy

Cytomegalovirus

Syphilis

Mycobacterium tuberculosis

HTLV-1 infection

Amoebiasis

Neoplasm

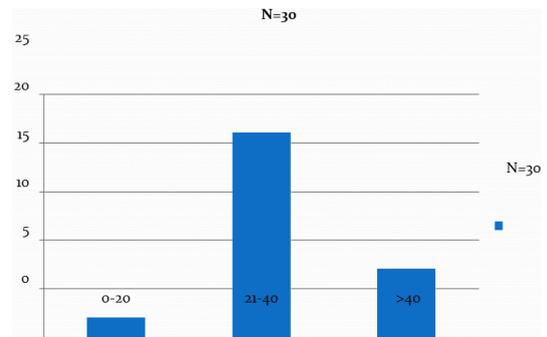
Primary CNS lymphoma

Kaposi sarcoma

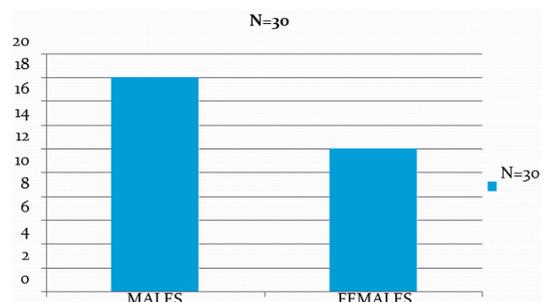
AIMS AND OBJECTIVES

- To study **clinical profile** of HIV positive patients with Neurological manifestations.
- To know value of **various investigations** in diagnosis of various neurological manifestation of HIV infection.
- To correlate various **CD4 levels** with various opportunistic infections and to know change in their value with ART.

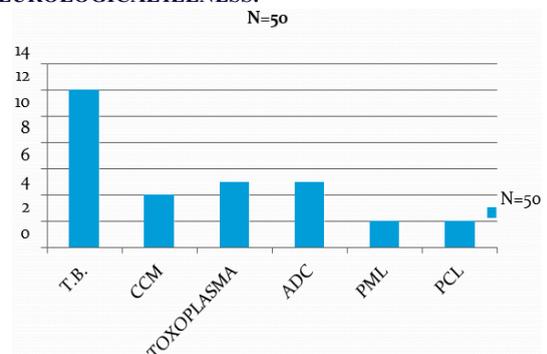
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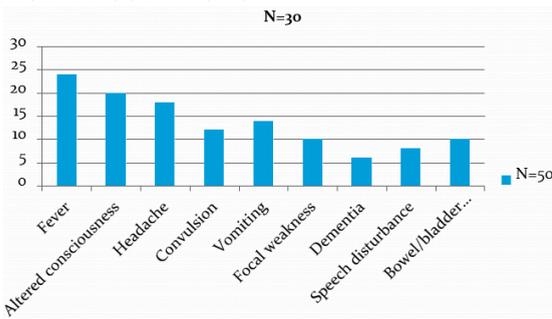
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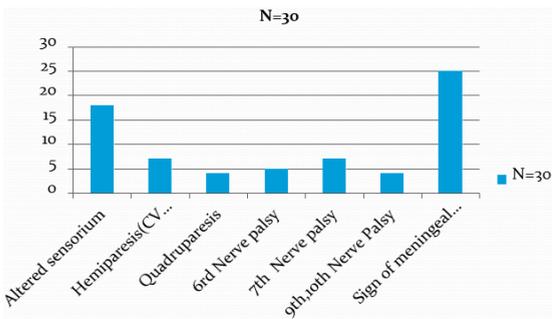
NEUROLOGICAL ILLNESS:



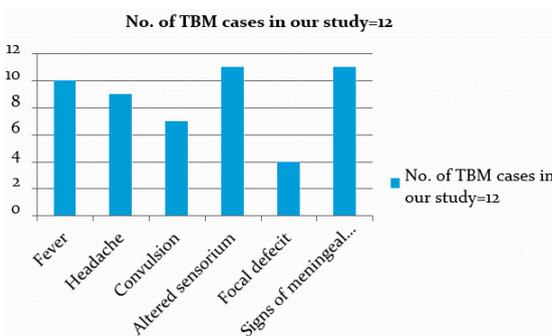
PRESENTING SYMPTOMS:



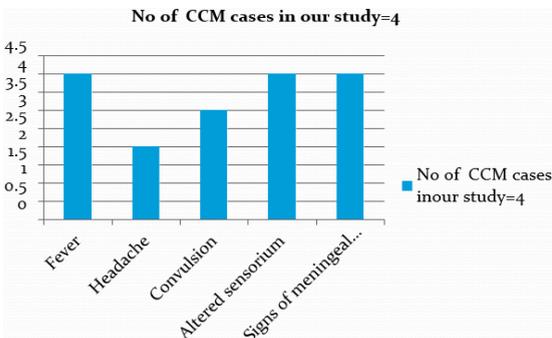
CNS EXAMINATION



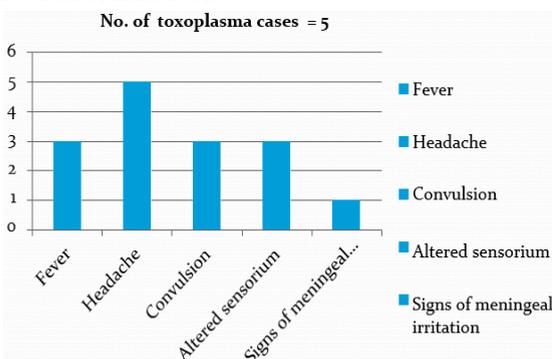
HIV+TBM



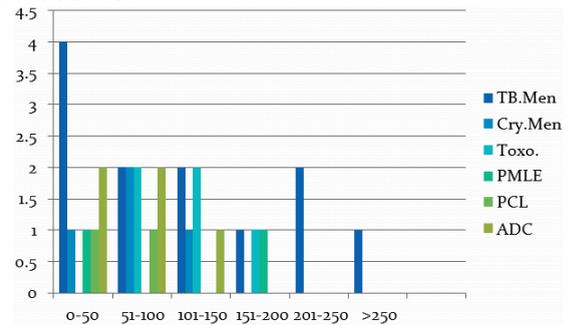
HIV+CCM



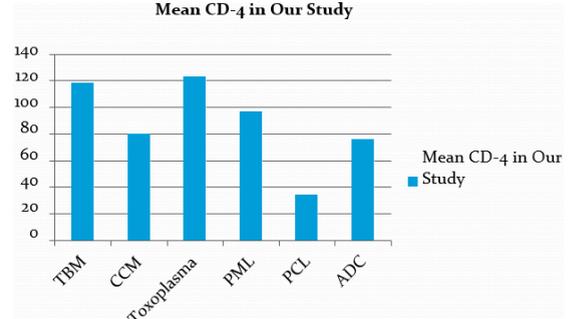
HIV+TOXOPLASMOSIS



Cd4 COUNTS:



MEAN CD4 COUNTS:



CSF PICTURE:

CSFPICTURE	TBM	CCM
Protein	230	34
Sugar	32.3	56.12
TC	121.91	17.37
Neu.(%)	22.17	5
LYM(%)	76.96	95

IMAGING FINDING:

Findings	No. of Cases
Meningeal and basal cistern enhancement	12
Meningeal enhancement+granulomatous lesions/o tuberculoma	10
Meningeal enhancement within farction	4
Hydrocephalus	3
Multiple Nonenhancing lesions in parieto-occipital/periventricular/cerebellum/basalganglia.s/oPM	2
Multiple Ring enhancing lesions distributed-wholebrain	4
Single ring enhancing lesion	1
Cerebral cortical atrophy	4

SUMMARY AND CONCLUSIONS:

OUR STUDY CONCLUDES SAYING THAT: IF ALPHA PATIENT PRESENTS WITH; FEVER, ALTERED SENSORIUM, HEADACHE, SEIZURES OR FOCAL NEUROLOGICAL DEFICIT WITH SIGNS OF MENINGEAL IRRITATION WITH Cd4 COUNT APPROX. 120-150,

THEN A HIGH SUSPICION OF CNS OR PNS INVOLVEMENT DUE TO HIV INFECTION ITSELF OR OPPORTUNISTIC INFECTION SHOULD BE SUSPECTED.