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## Multiple intracranial opportunistic infections in patient with Acquired Immunodeficiency Syndrome (AIDS): Case report and literature review

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**Background:** Intracranial opportunistic infections which can occur alone or in combination with several others in individuals with HIV infection. As for the diagnosis, the value of laboratory examinations and biopsies is likely limited because of low sensitivity and the risk of complications. Neuroimaging, especially MRI, has evolved as an effective supplementary method for diagnosis.

**Case Report:** A 30-year-old male patient was admitted to the Department of Gastroenterology with abdominal pain, diarrhea and palpable mass on the neck. During the workup, he was conclusively diagnosed with AIDS and lymphatic tuberculosis and he received treatment of Highly Active Antiretroviral Therapy (HAART) and anti-tuberculosis therapy. Eight weeks later, as the result of drug withdrawal, he was readmitted to the hospital and diagnosed Tuberculous Meningocephalitis Q2 (TBMC) based on the cranial Magnetic Resonance Imaging (MRI) and Cerebrospinal Fluid (CSF) examination. Anti-tuberculosis therapy was restarted again. After 5 months, there was improvement of the original lesion on imaging. However, with the weakness of right side of the body, a new infarction (in the distribution of left middle cerebral artery) appeared on the Diffusion Weighted Imaging (DWI). Meanwhile, *T. gondii* immunoglobulin (Ig) G antibodies were positive and two new ring-like enhancing masses with eccentric target signs appeared in the left parietal lobe and cerebellum, which supported the diagnosis of Toxoplasmosis Encephalopathy (TE). Therefore, treatment of toxoplasmosis was initiated immediately. Here, we report a case of multiple intracranial opportunistic infections including TBMC and TE in an AIDS patient.

**Conclusion:** This case alerted us to pay close attention to the multiple intracranial opportunistic infections in individual with AIDS such as bacterial, fungal, viral and parasitic infections. MR findings, combined with clinical presentation, serum and CSFIgG examination, could be helpful to the differential diagnosis.

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