Reversible Splenial Lesion Associated with Acute HIV Infection

Takashi Yamashita, Shin-ichi Tokushige, Risa Maekawa and Yasushi Shiio

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A 28-year-old man presented with infectious mononucleosis-like syndrome 3 weeks after a homosexual intercourse. Neurological examination revealed only a headache without meningeal signs and the cerebrospinal fluid analysis was normal. MRI disclosed a high intensity lesion in the splenium of the corpus callosum on T2- and diffusion-weighted images (Picture 1). Acute human immunodeficiency virus (HIV) infection was confirmed by a negative antibody test and positive real-time polymerase chain reaction (PCR). Epstein-Barr virus or cytomegalovirus infection was excluded. The primary infection showed a benign clinical course without any specific treatment and MRI abnormalities disappeared 3 weeks after the onset (Picture 2). This is the first report of reversible splenial lesion associated with acute HIV infection. Physicians or neurologists should take into account primary or acute HIV infection as a differential diagnosis when they encounter a reversible splenial lesion and perform PCR for diagnostic confirmation of HIV in suspected patients, even when the antibody test is negative (1).

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Reference