HIV Encephalopathy as an Initial Manifestation of AIDS

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A 35-year-old man was admitted to our hospital due to spastic paraplegia. The patient’s symptoms had been progressing over the course of a year, and he also showed dysuria and amnesia. Although spinal magnetic resonance imaging (MRI) showed no abnormal findings, brain MRI detected diffuse cerebral atrophy (Picture). In addition, bilateral, diffuse white matter hyperintensities were shown on the fluid attenuated inversion recovery images (Picture) with isointensities on T1-weighted images (data not shown). The subcortical U-fibers were spared. The CD4 lymphocyte count was 63/μL, and testing for serum anti-HIV antibodies was positive. A cytological examination of the cerebrospinal fluid (CSF) was normal; however, the HIV RNA level was elevated at 1.6×10^6 copies per milliliter of CSF. The patient was therefore diagnosed with HIV encephalopathy accompanied by myelopathy.

Despite the recent advancements in antiretroviral therapy, 70% of HIV patients develop neurologic disorders (1). Moreover, 10 to 20% of these patients presented with neurologic disorders as an initial manifestation of AIDS (2). Clinicians should be aware that the initial manifestations in AIDS patients may be neurological complications.

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References