Acquired immunodeficiency syndrome case reports

A 36-year-old male with multiple comorbidities including HIV Infection, presented to the hospital for evaluation of a one-week course of headache and photophobia. Remarkable physical examination findings included dilated pupils and anisocoria. Initial CT brain imaging revealed vasogenic edema seen throughout the left cerebellar hemisphere provoking mass effect on the fourth ventricle and pontocerebellar cistern resulting in mild hydrocephalus, new findings compared to prior. MRI brain displayed a T1 isointense, T2 hypointense ring-enhancing lesion in the left cerebellar hemisphere, with restricted diffusion, and surrounding vasogenic edema resulting in mass effect over the fourth ventricle, left cerebellar peduncle, and pontocerebellar cistern causing mild hydrocephalus. The patient underwent left suboccipital craniotomy with evacuation of the cerebellar lesion by neurosurgery. Tissue cultures grew MRSA. Pathology was sent to New York-Presbyterian Columbia University Irving Medical Center due to the presence of atypical lymphoplasmacytic infiltrates. The final diagnosis was polyclonal B-cell population in the sample; however, prominent peaks were also seen above the polyclonal background, possibly representing a clonal proliferation. Therefore, the lymphoplasmacytic infiltrates remained atypical and the possibility of the underlying clonal lymphoproliferative process could not be entirely ruled out [1)]

2019

In a woman with newly diagnosed HIV infection, myelopathy manifested as an isolated, single intramedullary spinal cord lesion.

Common methods to distinguish the diagnoses of toxoplasmosis and CNS lymphoma are addressed. There should be a high index of suspicion for toxoplasmosis in patients with HIV/AIDS presenting with a focal intramedullary spinal cord lesion [2)].

2017

The spread of human immunodeficiency virus(HIV)infection may result in an increased likelihood of surgery in patients with HIV infection. We treated a patient with intracranial malignant lymphoma associated with acquired immunodeficiency syndrome(AIDS)caused by HIV infection. The recommendations of the countermeasure manual for AIDS were followed. Only surgical staff without finger injury or inflammation were permitted to be involved in the operation. All staff were dressed in a waterproof, full-body surgical gown, and wore double gloves, double foot covers, and an N95 mask. The surgery could be performed safely with such infection control measures. Histological examination revealed a diffuse large B-cell lymphoma. The patient was referred to the Division of Infectious Diseases and Respiratory Medicine for chemotherapy [3)].

1)
Nunez FJ, Sharma S, Dahdouh M. Two for the Price of One: A Case of Methicillin-Resistant Staphylococcus aureus (MRSA) Brain Abscess With Atypical Lymphoplasmacytic Infiltrate With Underlying Clonal Lymphoproliferative Process in a Patient Infected With HIV. Cureus. 2023 Jan 3;15(1):e33325. doi: 10.7759/cureus.33325. PMID: 36741609; PMCID: PMC9894729.

2)

Mohole J, Ho AL, Sussman ES, Pendharkar AV, Lee M. Focal Intramedullary Spinal Cord Lesion in Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome: Toxoplasmosis Versus Lymphoma. World Neurosurg. 2019 Jul;127:227-231. doi: 10.1016/j.wneu.2019.04.057. Epub 2019 Apr 11. PubMed PMID: 30981796.

3)

Inaka Y, Otani N, Nishida S, Fujii K, Ueno H, Tomura S, Tomiyama A, Osada H, Wada K, Maeda T, Mori K. [Primary Intracranial Malignant Lymphoma Associated with Acquired Immunodeficiency Syndrome(AIDS):A Case Report]. No Shinkei Geka. 2017 Nov;45(11):985-990. doi: 10.11477/mf.1436203633. Japanese. PubMed PMID: 29172204.