



ACCELERATED CEREBRAL ATROPHY IN A YOUNG INDIAN MALE – DELAY IN DIAGNOSIS OF NEURO HIV

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INTRODUCTION

India has an adult HIV prevalence rate of approx. **0.2%**, with an estimated **2.5 million PLHIV** , and an annual incidence of around **66,400** . Most common neurological manifestations of primary HIV-1 are polyneuropathy , HAND, lymphocytic meningitis . HIV often results in global cerebral atrophy, reduced caudate nuclei volume or temporal limbic gray matter volume loss and white matter signal hyperintensities (WMSHs). Cerebral atrophy in HIV is strongly associated with CDC stage and much weakly associated with severity of neuropsychiatric impairment.

CASE REPORT

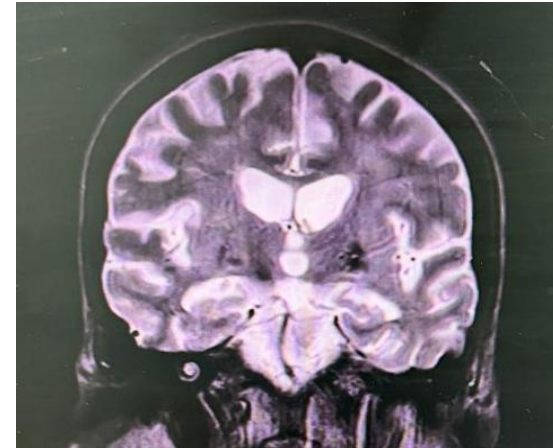
A 34 year old male resident of western Rajasthan , unmarried , financial analyst with a past history of old treated pulmonary TB , bipolar disorder presented with acute onset asymmetric sensorimotor flaccid quadriplegia since 20 days. No cranial nerve or bladder bowel involvement . He was asthenic with significant history of fever , polyarthralgia. MMSE was 29/30.

NCS – multiple mixed axonal and demyelinating distal sensorimotor neuropathy .

CSF - lymphocytic pleocytosis with raised protein.

Electrophoresis -increased gamma globulins fractions .

Autoimmune panel - negative . HIV - non reactive .



MRI -diffuse global cerebral atrophy with periventricular and cervical C4-5 non specific demyelination

IV Methylprednisolone was started in pulse dose for 5 days . Patient improved . Probable diagnosis of mononeuritis multiplex ? Vasculitic/autoimmune was kept on discharge . Patient was planned to be started on cyclophosphamide . After 7 months he presented with new onset spastic paraparesis with bladder incontinence and flu like illness. HIV rapid tests now came out to be reactive for HIV 1 Ab . CD4+ counts were 76 cells/mm³.

DISCUSSION

It is warranted to screen for HIV and potentially a nerve biopsy and electromyography in the setting of mononeuritis multiplex and asymptomatic cerebral atrophy with suspected infective or autoimmune etiology . HIV poses a diagnostic challenge for clinicians due to it's widespread and atypical presentations , viral escape and social stigma probably replacing syphilis as the “great mimicker”.

CONCLUSION

A negative point of care test at any time does not preclude the possibility of HIV infection . CDC-recommended rapid HIV tests generally have high sensitivity, often exceeding 99%, the 4th generation HIV tests yield of 99.7 % . Early diagnosis and initiation of antiretroviral therapy are crucial for managing primary HIV and improving outcomes.