4th International Symposium on

Barcelona, May 5th and 6th 2011

Clinical Cases

4th Simposium International on HIV Psiquiatria, Barcelona, 5.-6th of May 2011

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Case 1

64y old patient: Hans

- In April 2008 Patient is found in the train by the train conductor who found the patient to be severely disoriented
- Train conductor calls the ambulance and the patient is admitted to a local hospital
- General exam: patient in reduced general condition but normal state of nutrition; body weight 65kg, height 170cm , temp. 37.0℃, physical exam normal
- Neurological exam upon admission: no abnormalities
- Psychiatric exam: disoriented to time, place and person. Affect and drive are disturbed . Critical faculities reduced. Concentration and readiness reduced.
- EEG: 8/sec. Alpha EEG in low voltage level; no focal signs, no signs of epileptiform activity
- Cerebrospinal fluid results: cell count 2/3, glucose 46mg/dl (normal range 40-75), CSF protein 46mg/dl

Imaging

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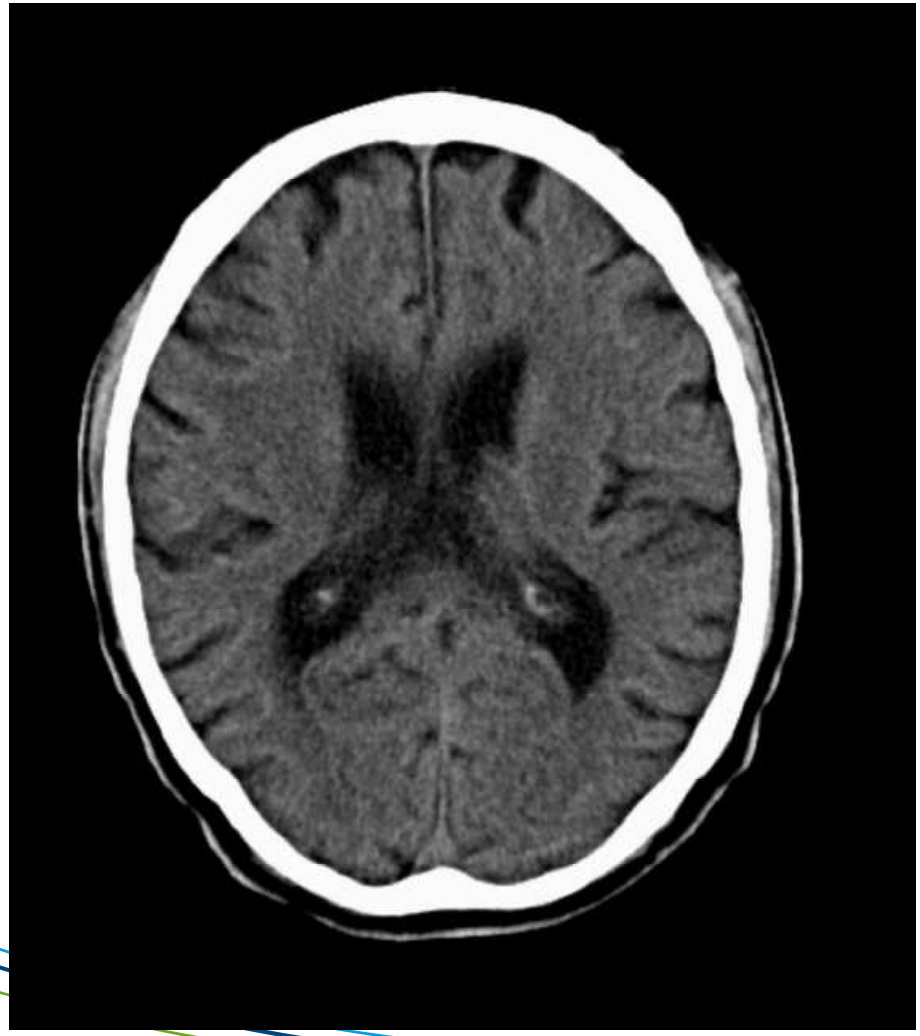
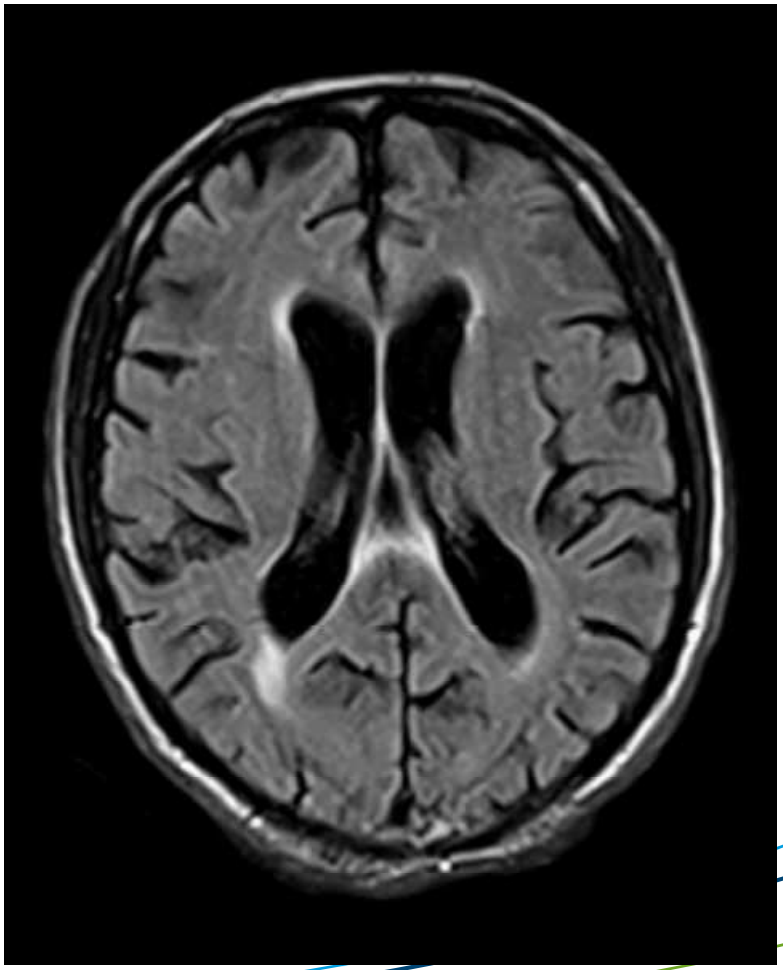
CT



MRI



Question ?

»**What would be your further work-up ?**

»**Which additional diagnostic tests do you recommend ?**

Further results

- **HIV-1-ELISA and Westernblot positive**
- **HIV-RNA: 6.800.000 copies/ml**
- **CD4-count: 25/µl (4%)**
- **TPHA in serum 1:80**
- **FTA-Abs-IgG-Test: positive**
- **19-S-IgM-FTA-Test: borderline**
- **VDRL: negative**

Question ?

- **What to do next ?**
- **What is your diagnosis?**
- **Which treatment do you recommend?**

Diagnostic classification of HIV-associated neurocognitive disorders (HAND)

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HIV-associated asymptomatic neurocognitive impairment (ANI)	• Impairment in ≥2 neurocognitive domains (attention; executive memory; speed of information processing, etc.) with ≥1 SD below the mean • The cognitive impairment does not interfere with daily functioning
HIV-associated mild neurocognitive disorder (MND)	• Similar to ANI, but with mild–moderate interference w/daily functioning
HIV-1-associated dementia (HAD)	• Impairment in ≥ 2 neurocognitive domain with ≥2 SD below the mean • Marked interference with daily functioning

Antinori A et al Neurology 2007;69:1789-99

Clinical course

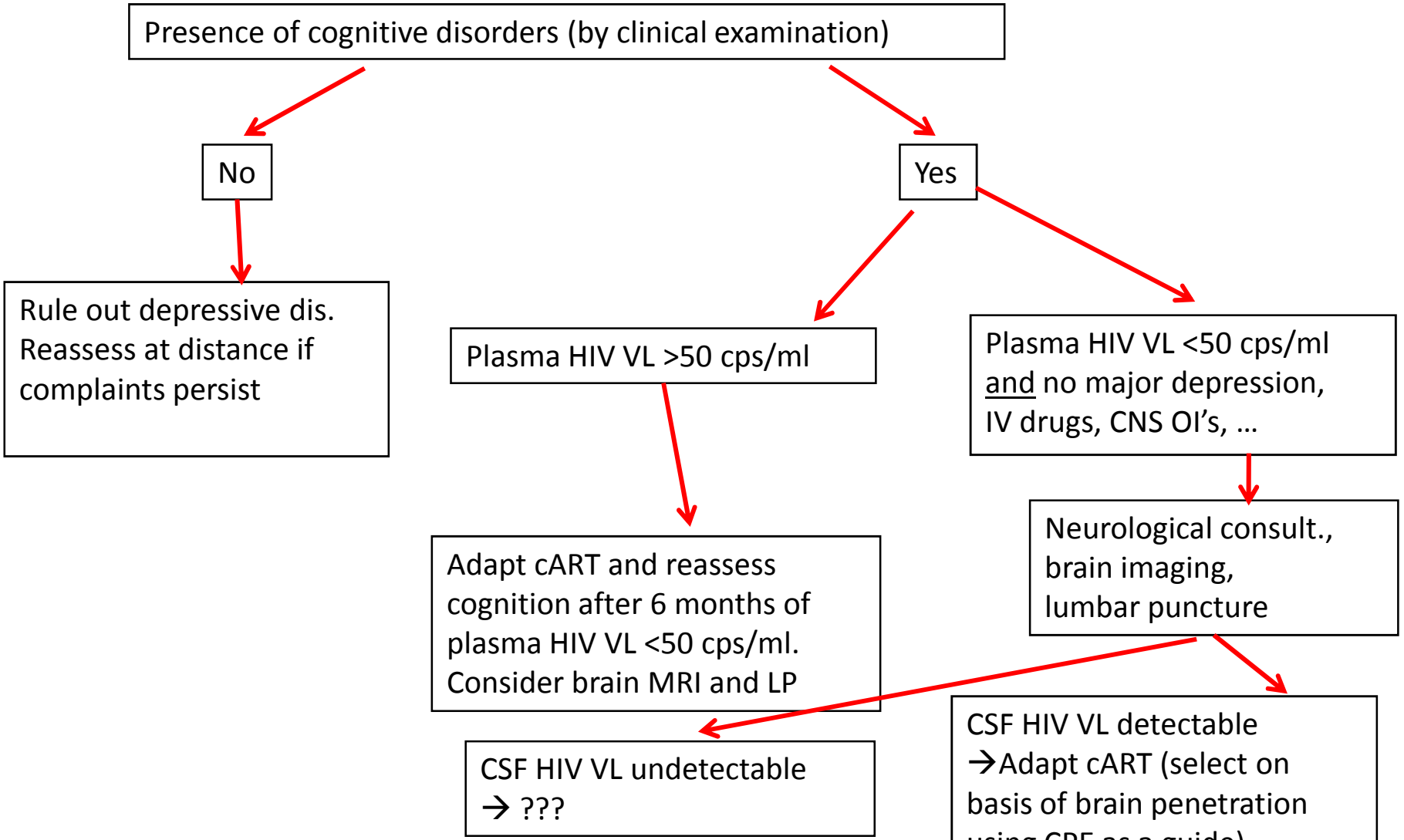
- **Patient is treated with Ceftriaxon 2g daily i.v. under the suspicion of a Neurosyphillis**
- **Do you agree with this diagnosis and treatment?**
- **HIV treatment is started with Truvada 1-0-0 and Kaletra 2-0-2**
- **Do you agree with this treatment choice?**

CPE score

	4	3	2	1
NRTIs	Zidovudine	Abacavir Emtricitabine	Didanosine Lamivudine Stavudine	Tenofovir Zalcitabine
NNRTIs	Nevirapine	Delavirdine Efavirenz	Etravirine	
PIs	Indinavir-r	Darunavir-r Fosamprenavir-r Indinavir Lopinavir-r	Atazanavir Atazanavir-r Fosamprenavir	Nelfinavir Ritonavir Saquinavir Saquinavir-r Tipranavir-r
Entry/Fusion Inhibitors		Maraviroc		Enfuvirtide
Integrase Inhibitors		Raltegravir		

Letendre S et al. CROI 2010, Poster 430

Proposed algorithm for HIV+ patient complaining of cognitive impairment



Adapted from Du Pasquier, Cavassini, Simioni et al. Rev. Méd. Suisse, 2009

Clinical course

- **HIV-RNA 3 months after starting ART: 386 copies and then 2 months later persistingly < 40 copies/ml**
- **CD4-count: 3 mths after starting ART 16% 242/µl**
- **Significant neurological and psychiatric improvement; patient works in old job again**

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Case 2

60y old patient: Klaus

- In March 2011 patient develops a strong feeling of cold in the extremities, increasing dysesthesia especially in the finger tips and weakness in the legs
- Patient calls ambulance and is admitted to the Department of Neurology
- Patient has known HIV infection since 2010; patient is enrolled in the START study in the no ART arm, CD4-count in 12/2010 326/µl (30%), HIV-RNA 7652 copis/ml
- Neurological examination upon admission: Muscle reflexes of upper and lower extremities not present; Babinski negative, moderate paresis of the legs and arms, peresthesia all extremities
- Psychiatric and neuropsychological examination: no pathological findings
- CSF findings: no cells, glucose 77mg/dl + (normal range 40-75), protein 840,9 mg/l ++ (normal range -500mg/l)

60y old patient: Klaus

- CSF findings continued: albumino-cytological dissociation
- Brain imaging (CT scan) no pathological finding
- Clinical chemistry: ALT 118 U/l, AST 74 U/l, y-GT 652 U/l, CK 66 U/l, Creatinine 0,6 mg/dl, Hb 13,0 g/dl, platlets 139.000/µl, Leucocytes 3.65 G/l

Question ?

- **What to do next ?**
- **What is your diagnosis?**
- **What is your main diferential diagnosis?**
- **Which treatment do you recommend?**

Clinical course

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»Primary Diagnosis: Guillain-Barre Syndrom

»Diagnostic criteria:

Required:

- ★ Progressive, relatively symetrical weakness of two or more limbs due to neuropathy
- ★ Areflexia
- ★ Disorder course < 4 weeks
- ★ Exclusion of other causes

Supportive:

- ★ relatively symetric weakness accompanied by numbness or tingling
- ★ mild sensory involvement
- ★ facial nerve or other cranial nerve involvement
- ★ absence of fever
- ★ typical CSF findings
- ★ electrophysiologic evidence of demyelination from EMG

Differential diagnosis:

- Acute myelopathies
- Botulism
- Diphteria
- Lyme disease
- Porphyria
- Vasculitis neuropathy
- Poliomyelitis
- CMV polyradiculitis
- Criticall illness neuropathy
- Myasthenia gravis
- Poisonings
- West nile virus disease
- ……..

Clinical course

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»Secondary diagnosis: Syphillis infection

Syphillis serology serum:	TPPA: 1:327680 Titer
	IgG-Immunoblot: positive
	IgM-Immunoblot: positive
	VDRL: 1:256 Titer
Cerebrospinal fluid:	Serum-CSF Quotient: 0,5
	TPPA: 1:1024
	IgG-Immunoblot positive
	VDRL: negative

Clinical course

- **High-dose intravenous immuneglobulins 36g/d**
- **After increasing paresis and development of problems with swallowing and speaking plasmaphersis was also initiated**
- **10 days later dramatic clinical improvement and the patient can be transferred to a rehabilitation facility**
- **Penicillin treatment**
- **ART: Kaletra 2-0-2 + Kivexa 1-0-0**

Question ?

- **Would you agree with the proposed treatment regimens?**
- **What would have been your preferred HIV ART?**

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Case 3

34y old patient: Ralf

- Patient is a hemophiliac with known HIV infection since 1984; chronic HCV coinfection
- Patient is homosexual and has legal issues with his mother;
- HIV therapy since 2005 with Tenofovir, 3TC and efavirenz
- HIV-RNA <50 copies/ml
- CD4-count 566 cells/µl
- 2007 suicide atttempt; patient is under psychotherapy
- 2008 Fibroscan reveals F3 fibrosis with 12.4 kilopascal

Question ?

- **Would you treat HCV ?**
- **Can we keep the efavirenz treatment?**
- **Is the previous suicide attempt a contraindication for interferon therapy?**
- **Should we give antidepressants prior to HCV therapy?**