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CNS Infections 1

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CNS Infections 1
Clinical profile and outcome in AIDS related progressive multifocal leukoencephalopathy — A large cohort from India

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Background: Progressive multifocal leukoencephalopathy (PML) is an opportunistic infection by JC virus seen in immunodeficient individuals, especially those with AIDS. Poor outcome despite highly active antiretroviral therapy is a cause of concern.
Objective: This study was undertaken to assess the clinical profile and survival in patients with PML.
Patients and methods: Data of AIDS patients with laboratory confirmed PML (JC virus positive) and possible PML (clinicoradiological) from 2004 were studied. Demographic profile, clinical assessment, laboratory parameters and outcome were analyzed.
Results: Study group included 33 patients (25 men; 8 women) with age ranging from 26 to 67 years (39.48 ± 9.11). Symptom duration was 47.15 ± 55.63 days. Presenting symptoms were limb weakness (18), cognition and behavioral changes (13), aphasia/dysarthria (12), gait ataxia (7), seizures (6), impaired vision (5), impaired consciousness (5), sensory disturbance (3), involuntary movement (2) and Gerstmann syndrome (1). PML was the presenting manifestation of immunodeficiency in 7 patients. 18 patients were on HAART. Radiological lesions were present in supratentorial white matter in 29 patients (bilateral 21, unilateral 8). Six had brainstem lesions and 5 had cerebellar involvement. Five patients had lesions in supra and infratentorial compartment. CSF was acellular in 15 while 14 had elevated protein. Laboratory confirmation of JC virus was available in 4 patients. Fourteen patients were lost for follow-up and 15 (6 women; 9 men) succumbed. Follow-up on surviving 4 patients who remained neurologically static on HAART was 12 to 96 months (median 43).
Conclusion: This is a descriptive study of large cohort of PML patients from a single center. 21% of the patients had PML as the presenting manifestation of AIDS.

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Assessment of neurocognitive disorders in patients with HIV infection

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Introduction: Neurocognitive disorders associated with HIV infection (NDAH) are relatively common manifestations that may affect the everyday functionality and patient adherence to treatment. Currently we have no validated screening tools for early detection of these disorders that can be made in the routine visit. Montreal Cognitive Assessment (MoCA) test is a multidimensional tool, rapid deployment that has already been validated in Alzheimer's disease and allows the evaluation of several domains.
Objective: To determine the usefulness of MoCA as a quick, sensitive and specific tool for the detection of NDAH, compared to a comprehensive cognitive evaluation and MiniMental Test (MMSE).
Materials and methods: Patients over 18 years old with HIV infection were included in a prospective study. MoCA test, Beck Depression Scale and a comprehensive neurocognitive battery were performed. Sex, age, education, length of infection by the HIV virus, CD4 and viral load at the time of evaluation were analyzed.
Results: we evaluated 21 patients, 19 male; mean age 46.9 years, education 14 years, time of infection by HIV 60 months and median CD4 563 cells/ml. 13/21 had undetectable viral load. MoCA presented 66.67% S (IC34.95–89.87%), E 88.89% (CI 51.7498.16%). VPP 88.89% (CI 51–98%) and VPN 66.67 (CI 35–90%). MMSE results were analyzed, showing 9.9% S (IC1, 5–41%) E 100% (CI 69–100%) VPP100% (CI 16–100%) and NPV 50% (IC27–73%).
Conclusions: MoCA is a good screening test for NDAH, higher than MMSE. The continuation of this cohort will help to determine the usefulness of this tool in clinical practice.

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Neurological manifestations in dengue seropositive patients

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Objective: To study the incidence and spectrum of neurological manifestations in dengue seropositive patients.
Background: Dengue is an infectious disease caused by a flavivirus. It is an acute febrile illness causing considerable morbidity and mortality. The neurological complications in dengue have been hypothesized to occur through three different pathogenic mechanisms: (1) direct

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