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Introduction: At least one-third of the 35.3 million people living with HIV worldwide are infected with latent tuberculosis. Tuberculosis is the most common presenting illness among people living with HIV, including those who are taking antiretroviral treatment. There were an estimated 1.1 million HIV positive new TB cases globally in 2012. Around 75% of these people live in sub-Saharan Africa. Despite its great burden, neurological manifestations in patients with HIV-active tuberculosis did not receive enough attention.
Objectives: To study neurological manifestations in patients with HIV-active tuberculosis.
Methodology: A case series study of 58 consecutive patients with laboratory confirmed HIV-active tuberculosis coinfection attending tertiary hospital for tuberculosis treatment was conducted. Data about neurological symptoms and signs – conducted by a neurologist- were collected from each patient. Patients' approval was obtained.
Results: 24% of 58 patients were found to have neurological manifestations in clinical assessment. This table demonstrates the neurological manifestations and their frequency.
Conclusion: The frequency of neurological manifestations among patients with HIV-active TB coinfection was found to be higher compared to that of patients with HIV only; 20% (Wadia et al., 2001).

Neurological diagnosis	Frequency	Percent
Normal	44	76.1%
AIDS dementia	3	5.2%
Meningitis	2	3.4%
Grand mal epilepsy	2	3.4%
Cerebellar ataxia	1	1.7%
GBS	1	1.7%
Peripheral neuropathy	1	1.7%
Proximal weakness	1	1.7%
Spastic quadriplegia	1	1.7%
Stroke	1	1.7%
Transverse myelitis	1	1.7%
Total	58	100%

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WFN15-0424
CNS Infections 1
Cryptococcal meningitis in a large cohort from India

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Background and objective: Cryptococcal meningitis is an important and a fatal neuroinfection. Early diagnosis and treatment is of utmost importance in reducing morbidity and mortality.
Methodology: Data of patients with laboratory confirmed cryptococcal meningitis seen over 13 years in the tertiary care hospital were reviewed. Details of demographic profile, clinical data, laboratory parameters, complications and in-hospital mortality were studied.
Results: There were 97 patients with cryptococcal meningitis (79 men, 18 women) of whom 88 were HIV positive, one was diabetic and 8 were sporadic. Their age ranged from 23 to 67 years (39.16 ± 9.49). Additional pathogens for meningitis were identified in 24 patients. Headache was the most common symptom (91%) followed by fever (66%), vomiting (51%), altered sensorium (31%) and seizures (20%). Neurological deficits included cranial nerve palsies (28), motor deficits (11), sphincter disturbances (5) and sensory involvement in 4 patients. Antifungal treatment consisted of amphotericin (78), fluconazole (16) and voriconazole (1). Two did not receive treatment. Complications included renal dysfunction (20%), dyselectrolytemia (20%), seizures (16%), hypersensitivity (7%) and hepatic dysfunction (5%). Favorable outcome was seen in 72 patients; 13 remained unchanged and 12 died. Rapid clinical progression, low CSF cell count and low CSF were associated with higher mortality. CSF cell count and protein were lower in patients who had isolated cryptococcal meningitis compared to those with additional tubercular meningitis. Mean sugar levels were higher and duration of illness was shorter in HIV negative individuals.
Conclusion: Cryptococcal meningitis is common in patients with AIDS. Effective and early antifungal treatment carries good prognosis. Shorter duration of illness, decreased CSF cell count and protein herald poor prognosis and warrants initiation of early specific treatment.

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CNS Infections 1
Does electroencephlography help in early diagnosis of subacute sclerosing panencephalitis

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Background: Subacute sclerosing panencephalitis (SSPE) is a chronic degenerative disorder of invariably fatal outcome.
Objective: To find out the role of electroencephalography in the early diagnosis of subacute sclerosing panencephalitis. It was a cross sectional observational study.
Material & methods: After IRB approval, it was started at Department of Neurology Children's Hospital, Lahore from April 15, 2006 to September 15, 2014. Children between the ages of 2 to 18 years ($n = 129$) with myoclonic jerks were admitted in Neurology department. History and clinical examination was carried out and EEG and CSF antimeasles antibodies were performed. Children may have EEG findings consistent with SSPE (EEG abnormalities having burst suppression in high amplitude slow and sharp waves recur at 3–5 second interval on slow background) or other EEG findings like myoclonic epilepsy with normal back ground, normal EEG etc. CSF of all children was sent for antimeasles antibodies for further confirmation which was considered diagnostic. Brain imaging was done in all children to exclude other possible diagnosis.
Results: Total of 89 patients with EEG findings of subacute sclerosing panencephalitis were further confirmed with CSF anti measles antibodies. It was positive in 77 children, while 12 children had negative EEG findings and all of them had negative results for CSF antimeasles antibodies. Male to female ratio was 1.4:1.
Conclusion: Subacute sclerosing panencephalitis is not an uncommon entity in our population with quite variable clinical presentation and electroencephalography has significant valve in early, cost effective and reliable diagnosis.

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