

GETTING BACK IN THE SADDLE – THE RECRUDESCENCE OF A SUPRASellar LESION IN A PERSON LIVING WITH HIV

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A 55-year-old man was admitted to a Queensland hospital with a one-year history of visual changes. Past history included a diagnosis of HIV, managed on tenofovir alafenamide/emtricitabine/bictegravir. Relevant background included a period of self-cessation from ART in 2016, leading to advanced HIV complicated by progressive multifocal leukoencephalopathy.

Magnetic Resonance Imaging (MRI) Brain demonstrated a large suprasellar lesion (36 x 33 x 37 mm) with compression of the optic chiasm. Multiple bilateral areas of cystic encephalomalacia were also present. HIV viral load was undetectable, with a CD4 count of 300 (19%). Trans-sphenoidal debulking of the lesion was undertaken. Intraoperative swabs showed polymorphs on microscopy but no organisms on gram stain. There was subsequent scanty growth of *Staphylococcus epidermidis*. Further investigation for other viral, bacterial, and fungal pathogens was negative. Treatment for a possible brain abscess was completed with 6 weeks of empirical Ceftriaxone/Metronidazole/Vancomycin, with interval improvement on MRI.

Two months later, after an interstate move to Victoria, he developed progressive headache, visual changes, and confusion. MRI demonstrated significant progression in lesion size (32mm x 62mm x 38mm), with subtle intrinsic T1 hyperintensity peripherally. CT also demonstrated subtle peripheral calcification of the lesion. The cystic areas of encephalomalacia were unchanged. He was transferred to The Alfred for neurosurgical intervention. He remained afebrile and haemodynamically stable. Inflammatory markers were not raised. Review with ophthalmology showed a right homonymous hemianopia. Craniotomy was performed, revealing creamy, purulent material in the sylvian fissure and within the encapsulated lesion. Empirical Ceftazidime/Vancomycin was commenced. Microscopy of surgical tissue revealed polymorphs but no organisms. Conventional, fungal and AFB cultures showed no growth.

Subsequent histopathology was diagnostic, with negative special stains for organisms. 16s RNA PCR subsequently returned negative. He was discharged home off antimicrobials, but represented six weeks later. An approach to differential diagnosis and treatment will be discussed.