

HIV CASE PRESENTATION BREAKFAST : HIV DENIALISM

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A 38-year-old female injecting drug user with recently treated hepatitis C presented with a short history of severe bifrontal headache, difficulty walking and confusion. While the patient and partner denied HIV infection, we found documentation of HIV diagnosis 14 years prior.

CT Brain was normal. Lumbar puncture (LP) on day 1 (D1) demonstrated high opening pressure (OP) >34cmH₂O. Cerebrospinal fluid (CSF) analysis showed high protein (2.16g/L), low glucose (1.9mmol/L), lymphocytosis (140x10⁶/L) and positive cryptococcal antigen. CSF and blood cultures grew *Cryptococcus neoformans*. CD4 count was 39cells/uL (10%). HIV viral load was 337,849 and >1million copies/ml in the plasma and CSF, respectively. Liposomal amphotericin and flucytosine were commenced on D1.

Therapeutic LP performed on D3 showed an OP of 54cmH₂O. Worsening conscious level on D4 necessitated intubation and intensive care admission. Serial LPs were performed on D5 and D6 (OP 75cmH₂O), and an external ventricular drain was inserted on D7, which remained in for 10 days. MRI demonstrated diffuse leptomeningeal enhancement. Adjuvant interferon-gamma was trialed. She was discharged from ICU on D15, but further episodes of sudden deterioration in conscious level required emergency therapeutic LPs on D21-25 with OP decreasing from 35 to 20cmH₂O. Permanent shunting procedures were discussed. Prior HIV denialism, non-disclosure and complex family dynamics complicated clinical decision making.

CSF culture was negative from D14. Induction treatment was changed to fluconazole consolidation therapy on D25. Tenofovir, Emtricitabine and Dolutegravir were commenced on D41, and changed to Abacavir, Lamivudine, and Dolutegravir when HLA-B57 returned negative. CD4 count was 72cells/uL, and viral load 452copies/ml, two weeks post antiretroviral therapy initiation.

Neurological recovery has been slow. She was able to intermittently follow one-step commands and make 1-2 word responses prior to discharge to an acquired brain injury unit on D64. She continues rehabilitation but will sadly require placement in a long-term care facility.

Disclosure of interest statement: nothing to disclose