

PrEP: A New Sensation. A case series of facial paraesthesia associated with PrEP in Australia

Authors:

Ian Anderson¹, Carole Khaw², Madhara Weerasinghe³, Rick Varma^{4,5}

¹James Cook University, QLD; ²Adelaide Sexual Health Centre, SA; ³Clinic 16, Royal North Shore Hospital, NSW; ⁴Sydney Sexual Health Centre, NSW; ⁵The Kirby Institute, NSW

Background:

Tenofovir-disoproxil-fumarate plus emtricitabine (TDF/FTC) is widely used as HIV pre-exposure prophylaxis (PrEP) and is well tolerated.

Objective:

We describe a case series of facial paraesthesia associated with TDF/FTC PrEP across Australia.

Description:

A 25-year-old cis man who has sex with men (MSM) reported a left-sided facial paraesthesia within 60 minutes of ingestion of two TDF/FTC tablets. Symptoms lasted 3-4 hours and distributed in the maxillary branch of the left trigeminal nerve. There were no motor, systemic, visual, or skin signs. Following resolution, a normal cranial nerve examination was elicited. He took no regular medications and had no significant medical or neurological history. Infrequent use of MDMA was reported. STI screening was negative. Full biochemistry and autoimmune screen were normal. Re-challenge with the same brand of TDF/FTC, a different generic brand, and generic tenofovir alafenamide (TAF)/FTC all led to identical symptomatic outcome.

Three additional cases were subsequently identified at different Australian sexual health clinics. All cases were of young MSM starting TDF/FTC leading to facial paraesthesia occurring 30-120 minutes after ingestion. Symptoms resolved following cessation but recurred with re-challenge. All had normal neurological examinations and no other concomitant medications or history that could explain symptomology.

Despite widespread use of PrEP, there are only three cases of similar phenomena in the published literature and none within Australia. Mechanisms have been considered and will be discussed during the presentation of findings.

Conclusion:

PrEP is discontinued by some users due to side effects leaving them at higher risk of contracting HIV. This cluster of cases demonstrates what was originally considered a rare event may be more common due to under reporting and highlights to clinicians the importance of pharmacovigilance, exploring other PrEP options, and sharing clinical practice with peers.

Disclosure of Interest Statement:

No disclosures.