

中文題目：愛滋病患者弓形蟲腦炎的少見併發症表現—阻塞性水腦

英文題目：An unusual case of CNS toxoplasmosis complicated with obstructive hydrocephalus in an AIDS patient

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Abstract

Toxoplasmosis is an infection that is usually asymptomatic and self-limited in immunocompetent hosts. However, it could present with severe or disseminated infections in immunocompromised patients, particularly manifest as central nervous system (CNS) disease in people living with HIV/AIDS. Herein, we present a newly-diagnosed AIDS patient with the unusual manifestation of obstructive hydrocephalus as the complication of severe CNS toxoplasmosis. A 38-year-old Indonesian woman without known systemic disease presented with fever and consciousness disturbance. Contrast-enhanced magnetic resonance imaging of brain disclosed extensive multifocal ring-enhancing brain lesions with peri-focal edema and obstructive hydrocephalus. Empiric antibiotics and emergent placement of external ventricular drain were applied initially. Cerebrospinal fluid analysis showed no pleocytosis and normal-range biochemical data. HIV infection was confirmed by immunochromatographic assay. The initial HIV viral load was 577,000 copy/ml and CD4 count was 28 cells/microL. Screening tests for opportunistic infections disclosed reactive IgG and nonreactive IgM of toxoplasma-specific antibody. Brain biopsy was done and pathologic examination found intracellular tachyzoites with positive-immunostaining of *toxoplasma gondii*. Pyrimethamine, clindamycin and leucovorin were used for the initial treatment and antiretroviral therapy (ART) was initiated using abacavir/dolutegravir+lamivudine. Neurologic deficit and radiographic findings gradually improved after 2 weeks of treatment. Toxoplasmosis is one of the common causes of CNS infection in AIDS patients without appropriate prophylaxis. Most patients demonstrate clinical and radiological improvement after antitoxoplasma therapy and ART, but it is uniformly fatal if left untreated. Early diagnosis and treatment are critical to prevent mortality and neurologic sequelae.