Moroti et al. BMC Infectious Diseases 2013, **13**(Suppl 1):07 http://www.biomedcentral.com/1471-2334/13/S1/07

ORAL PRESENTATION

BMC Infectious Diseases



Toxoplasmosis: a rare cause of IRIS in HIV infected patients. Case series

Ruxandra Moroti^{1,2*}, Daniela Munteanu¹, Mihaela Rădulescu^{1,2}, Adriana Hristea^{1,2}, Iulia Niculescu^{1,2}, Raluca Mihăilescu¹, Roxana Petre^{1,3}, Raluca Hrişcă^{1,3}, Raluca Jipa^{1,3}, Ana Maria Petrescu¹, Maria Nica⁴, Mihai Lazăr^{1,2}, Anca-Ruxandra Negru¹, Irina Lăpădat¹, Angelica Teniță¹, Victoria Aramă^{1,2}

From The 9th Edition of the Scientific Days of the National Institute for Infectious Diseases Prof Dr Matei Bals Bucharest, Romania. 23-25 October 2013

Background

Cerebral toxoplasmosis is one of the main 3 intracerebral opportunistic infections in HIV positive patients, along with cryptococcosis and tuberculosis. In comparison to these last 2 entities, toxoplasmosis does not provoke or very rarely provokes reconstitution syndromes.

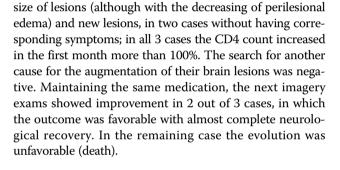
Methods

We analyzed a case series of 3 patients with cerebral toxoplasmosis admitted in the Adults III Department of the National Institute for Infectious Diseases "Prof. Dr. Matei Balş" in 2012-2013.

Results

Three patients, one male and 2 women, aged 55 years old, respectively 41 and 42 year-old, all 3 diagnosed concomitantly with HIV infection (as very late presenters) and cerebral toxoplasmosis, with a CD4 count of 6, 6 and 7/cmm respectively, viral loads (VL) of 254,000, 57,000 and 156,000 copies/mL respectively, and CSF viral load below the plasmatic VL in all 3 cases. We recorded minimal abnormalities of CSF analysis regarding the number of cells and biochemical exams; all had positive PCR for Toxoplasma gondii in the CSF and positive serology (IgG). All 3 had intracerebral lesions (abscesses) and all were biopsied at the neurosurgery department for diagnostic purpose before knowing their HIV-positive status. They received high doses of oral trimethoprim/sulfamethoxazole (T/S) for toxoplasmosis and antiretroviral therapy in the first 2 weeks after the diagnosis. They repeated cerebral imagery (MRI) after 3 weeks of T/S and had no regression of the

¹National Institute for Infectious Diseases "Prof. Dr. Matei Balş", Bucharest, Romania



Conclusions

In our 3 cases we presumed a paradoxical toxoplasmosis IRIS, with little or no clinical deterioration strictly linked with imagery exams depreciation in 2 out of 3 cases but with a fatal evolution in one case. Even rarely reported, the toxoplasmosis IRIS could be taken into account in some situations.

Authors' details

¹National Institute for Infectious Diseases "Prof. Dr. Matei Balş", Bucharest, Romania. ²Carol Davila University of Medicine and Pharmacy, Bucharest, Romania. ³Central Universitary Emergency Military Hospital Dr Carol Davila, Bucharest, Romania. ⁴Clinical Hospital of Infectious and Tropical Diseases "Dr. Victor Babeş", Bucharest, Romania.

Published: 16 December 2013

doi:10.1186/1471-2334-13-S1-O7 Cite this article as: Moroti *et al.*: Toxoplasmosis: a rare cause of IRIS in HIV infected patients. Case series. *BMC Infectious Diseases* 2013 13(Suppl 1):O7.



© 2013 Moroti et al; licensee BioMed Central Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

^{*} Correspondence: ruxandra_moroti@yahoo.com

Full list of author information is available at the end of the article