

Rare Comorbidities and Complications of HIV/AIDS

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Description

Sparganosis, especially cerebral sparganosis, is a rare comorbidity of HIV/AIDS. Owing to nonspecific symptoms of sparganosis, diagnosis and treatment of the disease are challenging with a very high rate of misdiagnosis. This case report summarizes the clinical data of a case of cerebral sparganosis in a patient with HIV/AIDS. It provides a reference for the treatment of HIV/AIDS coexisting with parasitic encephalopathy (cerebral sparganosis). Cerebral sparganosis has been reported worldwide, especially in Asian countries. To our knowledge, this is the first case report of cerebral sparganosis associated with HIV/AIDS. A 34-year-old man presented with a history of 21-days of gait unsteadiness and diplopia. Ten days before presentation, he developed limb weakness and in the last three days reduced consciousness. HIV infection was diagnosed three months ago (CD4=160 cells/mm³; viral load HIV-1=144.000 copies/mL), and antiretroviral therapy was initiated. Impaired consciousness, ophthalmoplegia, limb weakness, ataxia, areflexia, and Babinsky's sign were noted. At that moment, CD4⁺ count was 372 cells/mm³ and viral load HIV-1 <50 copies/mL.

Anaplastic Large Cell Lymphoma

The clinical, laboratory and neurophysiological findings suggest overlapping Guillain-Barre Syndrome (GBS) and Bickerstaff brainstem encephalitis as manifestation of HIV-related Immune Reconstitution Inflammatory Syndrome (IRIS). Here, we review and discuss 7 cases (including the present report) of GBS spectrum as manifestation of HIV-related IRIS. HIV-associated dementia is commonly seen in older individuals and presents as a subcortical dementia associated with concentration, attention, and memory impairments. Motor signs, such as difficulty with gait, and mood changes are less prominent findings but are considered during diagnosis. We present a case of HIV-associated dementia in a young 29-year-old man who presented with progressive lower extremity weakness and difficulty ambulating. Primary Anaplastic Large Cell Lymphoma (ALCL) of the Central Nervous System (CNS) is a rare entity. Most primary CNS lymphomas are of B-cell origin, including those associated with HIV. We report a case of a 29-year-old woman who presented with worsening headaches and was subsequently diagnosed with primary anaplastic large cell

lymphoma, ALK positive of the CNS. On further workup, she was also diagnosed with HIV. This is the first reported case of primary anaplastic large cell lymphoma, ALK positive of the CNS in an HIV-positive individual. Severe immunosuppression has been reported as one of the causes of a false-negative HIV rapid test result. Guidelines on what tests should be performed in adult patients presenting with severe immunosuppression despite a negative HIV rapid test result are lacking. This is the second case report of a false-negative HIV rapid test results in a patient presenting with advanced HIV disease in Tanzania. Salmonella infections are responsible for a large burden of disease worldwide. Non-Typhoidal Salmonella (NTS) species cause a myriad of disease manifestations, particularly amongst severely immunocompromised individuals. We present a rare case of endocarditis caused by the NTS species Salmonella Enteritidis in an individual living with HIV and hepatitis C. In this case, endocarditis was complicated by embolization and acute arterial occlusion of the left arm, as well as mitral valve perforation resulting in cardiac failure. A review of the available literature shows few cases of NTS causing endocarditis in people living with HIV, with the earliest reported case in 1983.

Antithyroid Drug Therapy

Anti-drug therapy, also known as pharmacotherapy or Medication-Assisted Treatment (MAT), refers to the use of medications to treat Substance Use Disorders (SUDs) and addiction. These medications are often combined with counselling, behavioural therapies, and psychosocial support to provide a comprehensive approach to addiction treatment. It's important to note that anti-drug therapy should be part of a comprehensive treatment plan that includes counselling, behavioural therapies, support groups, and other psychosocial interventions. The choice of medication and treatment approach should be tailored to each individual's needs, preferences, and the specific substance being abused. Additionally, medication alone may not be sufficient; addressing underlying psychological and social factors is crucial for long-term recovery.

Opioid Use Disorder (OUD) is a medical condition characterized by the problematic use of opioids, including prescription pain relievers and illicit substances like heroin. Opioid use disorder can have serious health, social, and economic consequences. Fortunately, there are several medications that have been approved by regulatory agencies

(such as the U.S. Food and Drug Administration, FDA) to assist individuals in managing opioid use disorder and increasing their chances of successful recovery. These medications are an integral part of Medication-Assisted Treatment (MAT) for OUD. MAT combines medication with counselling and behavioural therapies to provide a comprehensive approach to treatment. Methadone is a long-acting opioid agonist. It works by binding to the same receptors in the brain that opioids do, but it does so in a controlled manner, preventing withdrawal symptoms and reducing cravings. Methadone is typically administered under medical supervision in specialized clinics. Due to its long duration of action, methadone helps stabilize individuals and allows them to function without experiencing the highs and lows associated with opioid use. Buprenorphine is a partial opioid agonist. It binds to the same receptors as opioids, but its effects are less intense. Significant to the patient was the use of a donor with HIV resistant mutation, homozygous CCR5 Δ 32/ Δ 32. Therefore, we pursued transplant with a Mismatched Unrelated Donor (MMUD) to meet patient's desire of a possible HIV cure.

We explore the unique approaches and difficulties in treating PBL. Despite post-transplant complications, including early relapse, patient achieved Complete Remission (CR) by day+100 with a preserved donor graft and undetected viral loads nearing the one-year milestone. We analyzed the case of a 49-year-old woman with HIV infection off-therapy with poor viro-immunological compensation, not vaccinated for SARS-COV-2, hospitalized for lobar pneumonia and severe COVID19-related respiratory failure in Intensive Care Unit (ICU). The hospitalization was complicated by bacteraemic Ventilator-Associated Pneumonia (VAP) caused by Multidrug-Resistant *Acinetobacter Baumannii* (MDR-AB) isolated on pleural fluid culture, treated with colistin and cefiderocol for about 3 weeks. The molecular research of MDR-AB on transtracheal aspirate was negative following this therapy. The aim is to show the safety, efficacy and tolerability of colistin-based combination therapy with cefiderocol for *Acinetobacter baumannii* infection in HIV-infected patient.