Cerebral Toxoplasmosis in an AIDS Patient

Key words: cerebral toxoplasmosis, AIDS, pyrimethamine-sulfadoxine, cerebral toxoplasmosis in an AIDS patient

A 30-year-old bisexual Japanese man was admitted because of fever and an atactic gait with a propensity for right-sided falls in October 2001. He first tested seropositive for HIV in August 1997. In May 2001 and thereafter, he developed episodes of oral candidiasis, Pneumocystis carinii pneumonia, and herpes simplex virus type 2 perianal infection. Since August 2001, he had been taking azidothymidine, lamivudine, and nelfinavir along with trimethoprim-sulfamethoxazole. On admission, the leukocyte count was 3,300/mm$^3$ with 15% lymphocytes and CD4 lymphocytes were 111/mm$^3$. MRI of the brain demonstrated a T1-low, T2-high, ring-enhancing mass lesion in the white matter of the left hemisphere (Fig. 1). Neither IgG nor IgM antibodies to Toxoplasma gondii were detected in serum. Cerebrospinal fluid was negative for $T$ gondii, EB virus, and JC virus by polymerase chain reaction. A trial of treatment with Fansidar (pyrimethamine-sulfadoxine) resulted in almost complete resolution of the brain lesion with improvement of the neurological symptoms in 28 days. Thus, presumptive evidence of cerebral toxoplasmosis was substantiated by diagnosis ex juvantibus. Serologic tests for $T$ gondii are frequently unreliable in AIDS patients. Our patient is likely to have been infected with $T$ gondii from his pet cat.

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