

Brain Lesions, A Common Cause for Misdiagnose of HIV Encephalitis (Case-Report)

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Abstract

Background: HIV encephalitis is a complication of HIV infection that affects nearly half of HIV-infected patients, manifesting as neurocognitive dysfunction with varying severity. The clinical presentation can range from being asymptomatic or causing mild neurocognitive impairment to severe dementia, accompanied by peripheral nerve symptoms such as seizures and hemiparesis. Typically, initial manifestations in these patients prompt an imaging evaluation, alongside laboratory tests. Brain imaging often reveals lesions that are not pathognomonic for any specific condition. Given that these neurological symptoms overlap with a wide range of other diseases, patients are often first admitted

imaging, and histopathological evaluations are essential in establishing the correct diagnosis and identifying the underlying cause of these syndromes as the case progresses.

Aim and Method: We present the case of a 47-year-old woman who was admitted to the neurosurgery clinic at University Hospital Center Mother Theresa with a diagnosis of secondary brain lesions of unknown origin, which ultimately revealed encephalitis in an end-stage HIV patient.

Conclusion: In conclusion, an accurate diagnosis relies on a combination of symptomatology, clinical neurologic evaluation, laboratory testing including infective pathogens (especially HIV),

radiological studies and invasive procedures when necessary.

Keywords: Brain, Encephalitis, HIV, Lesion, Misdiagnose.