

Cerebral Toxoplasmosis in an AIDS Patient

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

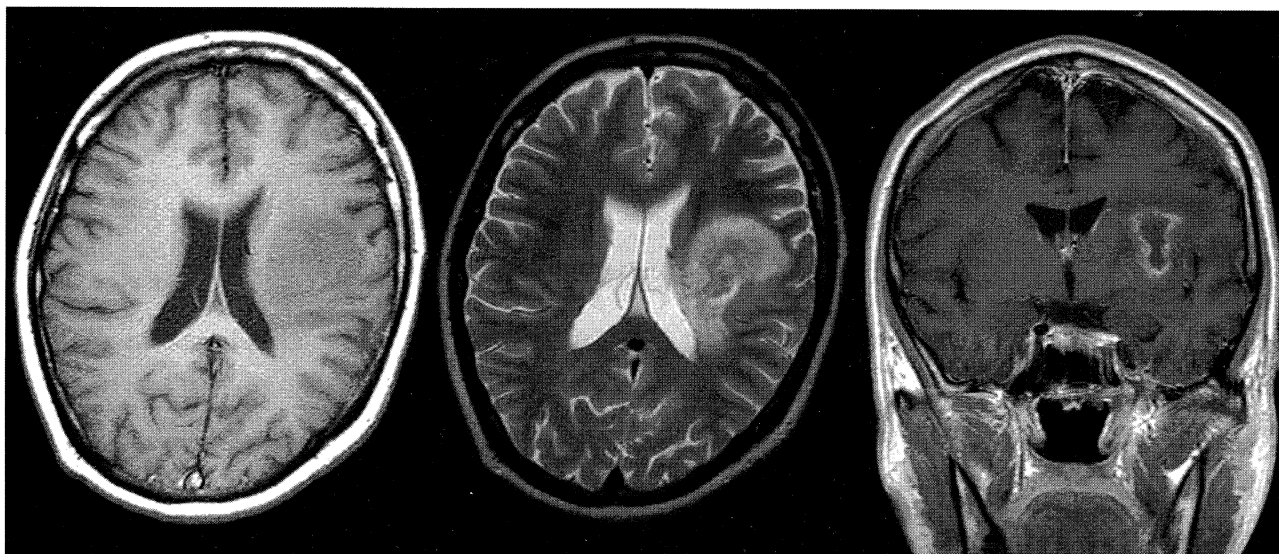


Figure 1. Brain MRI demonstrating a mass lesion in the white matter of the left hemisphere which was visualized as low intensity signal on T1-weighted image (left), high intensity signal on T2-weighted image (middle), and ring-enhancing on gadolinium-enhanced T1-weighted image (right).

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 zidovudine along with trimethoprim-sulfamethoxazole. On admission, the leukocyte count was 3,300/mm³ with 15% lymphocytes and CD4 lymphocytes were 111/mm³. 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.

Tsuyako SAITO, Seisho TAKEUCHI,
Hirokuni TAGUCHI and Isao MIYOSHI

From the Department of Medicine, Kochi Medical School, Kochi

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Reprint requests should be addressed to Dr. Tsuyako Saito,

Department of Medicine, Kochi Medical School,

Kohasu, Oko-cho, Nankoku, Kochi 783-8505