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A Flask Paraplegic Reveals a Sero Positive to HIV

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Summary- Flask paraplegic during the infection by the virus of human immunodeficiency (HIV) are very strong and with multiple etiology. The author report a case of flask paraplegic which was the circumstance to discover HIV sero positive with a patient.

The aim was to illustrate the difficulties of etiology diagnostic despite the realization of tom densitometry and of medullar IRM. It was a young lady with had 27 years of age who had been admitted for chronic cough, flask paraplegic and a retention of urine. The analysis during her admission notified a flask paraplegic, some sphincterien troubles, without sensibility troubles. There was no signal neither of Babinski nor amyotrophic. The examination of respiratory organ notified a syndrome of pulmonary bilateral condensation. The CT Scan of sacred lamb rachis focused on some discal protrusions of lamb sacred, and the IRM showed an aspect of inflammatory myelite. The pulmonary radio showed interstitial pneumopathy with a right scissurite. The research of some BAAR became negative. The retroviral became HIV positive and the quantity of lymphocytes TCD4 at 118 cellular/ mm³ with a viral charge of 74 782 copies/ ml. The diagnostic of myelite caused by HIV combined to pneumopathy was retained.

Keywords: flask paraplegic, chronic cough, HIV/aids.

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The neurologic manifestation like flask paraplegic could be the revelation of HIV infection. Their presence justifies the practice of HIV serology.

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I. INTRODUCTION

The nervous system is often a target organ affected during the HIV infection. This contact can be caused either by an opportunist infection, or by a pathology or of HIV neurotropism itself. In Africa, and in west countries, the contact of neurologic infection by HIV are frequent (37%). They occupied the third position of affection during this virose, after the digestive manifestations and of the body (1,5). If some get in touch with the secondary affection at immune depression, others correspond to direct contact of nervous system by HIV (2, 3, 4). We report a case of myelite combined with HIV as an aim to remind the gravity of this neurologic infection during Aids.

II. OBSERVATION

Female patient of 27 years having before zona intercostals, was admitted for chronic cough urine

retention and absolute impotence function of inferior members. The beginning of the illness could be up to about two weeks through the appearance of productive cough which brought her to consultation where treatment was given without success. It is at the appearance of a urine retention and of an impotence function of inferior members at brutal occurrence that she has been referred to Yalgado Ouédraogo hospital for a better caring.

The examination at her admission notified a general conserved state, conjunctives well anicterique colored, a temperature of 39°5, without neither hydratation, nor nutritious, nor linens. The examination of nervous system gave a clear conscious, a flask paraplegic with 0/5, with abolition of osteoarticular reflexes, without neither sensibility troubles nor Babinski.

The analysis of pulmonary organ gave a syndrome of bilateral pulmonary condensation. The pulmonary radiography notified a bilateral pneumopathy with right scissurite.

The research of BAAR in spits was in fructuous. It was the same in the case of cryptocoque research and of some others bacteria in LCR. The CT Scan of lamb rachis sacred aimed some discal protrusions of lamb sacred vertebrae L3-L4 ; L4-L5 ; L5-S1 (cf diagram 2) and IRM of 27th august 2015 showed the inflammatory myelite aspect (cf diagram 1).

The HIV serology became positive to HIV1 and the rate of lymphocyte TCD4 was = 118 cell/mm³ on 31/07/2015 with viral charges of 74782 copies /ml. Under the treatment of antiretroviral and anti biotherapy the process was favorable but it persisted the flask paraplegic despite the reduction sessions. She was discharged from hospital on 01/09/2015

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Diagram 1: Picture of lumb rachis sacred at IRM



Diagram 2 : Picture of CT scan o lumb rachis sacred

III. COMMENTARY

The acute myelitis is rare during the HIV infection contrary to the chronic form. It often manifests by a through paraplegic. The most paraplegic are combined to HIV infection. Only 7 to 10% of spastic paraplegic are only combined to HTLV-1 (5, 6). The myelitis can be isolated or associated at HIV encephalopathy. It can be associated Herpes Simplex virus and varicelle Zona virus. It often occurred on the case of immune depressed like in the neurological complication of patients living with HIV (PvHIV). The opportunist infections most frequently incriminate are infections with cytomegalovirus (CMV), herpes, tuberculosis, toxoplasmosis.

IV. CONCLUSION

The neurological manifestations of HIV/AIDS are varied often strong and more specific. If some of them are of easy diagnostic, others can require an unavailable sophisticated diagnostic under the tropic. They can be the revelation of HIV infection. We have to practice the HIV serology before any neurological as paraplegic.

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