

RECURRENT ISCHEMIC STROKE IN A HIV POSITIVE PATIENT

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Introduction: HIV infection, and potentially its treatment, increases the risk of an arterial ischemic stroke. The incidence of stroke in HIV infected subjects is three times higher than that of uninfected controls. Several clinical and postmortem studies have documented the higher incidence of ischemic stroke in HIV infected patients.

Case report: We report the case of a 37- year-old male patient who presented in the Emergency Room with weakness of the right leg, chronic diarrhea, lack of communication with his family members, loss of appetite.. The patient had been hospitalized 9 months before admission in Neurology Department for ischemic stroke. He also refers for recurrent generalized mycotic infections for several years. In neurological exam the patient had left residual hemiparesis and right inferior monoparesis. Brain CT with IV contrast resulted in right parieto-temporal malacia and left parietal acute ischemic lesion. Echocardiography and echocardiogram resulted normal. The patient had low WBC and in consultation with Infectiologist it was made a test for HIV 1+2, which resulted positive. The patient was treated with antibiotics, antimycotic, antiparasitic and anticoagulant drugs. It was started antiretroviral therapy. After treatment the general condition was improved. We scheduled a monthly follow-up with infectiologist.

Conclusion: Ischemic stroke is one of the complications of HIV infection. The etiology of stroke in HIV infected patients remains unknown; however, several factors such as coagulopathies, opportunistic infections, vascular abnormalities, atherosclerosis and diabetes can contribute to the pathogenesis of stroke.

