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Unexpected intruder: Talaromyces marneffei focal brain lesions in newly diagnosed AIDS

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Description

A-30-year-old Chinese man presented to the emergency department with a history of 1-week worsening confusion, urinary incontinence and lower limbs weakness inducing inability to walk. His history was silent, except for a recent trip to southern China. Physical examination revealed fever (37.6°C), multiple papular skin lesions on his face, chest and upper extremities, and movement disorders with dysmetria and action tremor. On blood gas analysis a type 1 respiratory failure was present and a chest Computed Tomography (CT) revealed diffuse interstitial lung disease. Blood tests showed severe lymphocytopenia (0.25 x 10^3/mmc), normochromic normocytic anaemia and Creactive protein 7.14 mg/dL. Admitted to the floor blood cultures and rachicentesis were drawn and wide spectrum antibiotic, antifungal and antiviral therapy were started. HIV-DNA research was positive. A head contrast-enhanced CT scan showed two focal periventricular white-matter lesions of uncertain origin. Therefore, a cranial contrast-enhanced MRI was performed revealing multiple supra- and infra-tentorial areas of abnormal signal intensity with restricted diffusion and irregular contrast enhancement (Figure 1). Blood cultures and Cerebrospinal Fluid (CSF) examination were positive for Talaromyces marneffei, confirming a disseminated infection. After 1-week of voriconazole therapy, his clinical symptoms significantly improved. The patient was discharged after a 54-days hospital stay.

Talaromyces is a regional opportunistic fungus that causes epidemics in southeast Asia and south China [1]. The infection involves the skin circulatory, respiratory and digestive systems [2]. Currently, only 22 cases of AIDS-associated T. marneffei CNS infection have been reported [3]: the mortality rate can reach 81% if diagnosis and treatment are delayed [4].

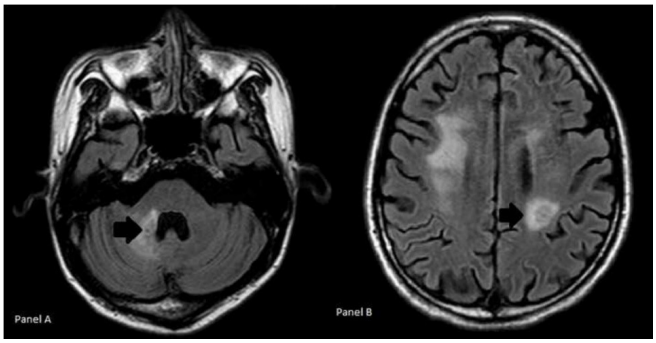

Figure 1: Posterior-anterior X-ray of thorax on admission. High-placed gastric tube lying in the blind sac in case of esophageal atresia **(a)**. Blown-up intestinal loops as an indication of tracheo-esophageal fistula.

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Reference

1. Dong RJ, Zhang YG, Zhu L, Liu HL, Liu J, et al. Innate Immunity Acts as the Major Regulator in Talaromyces marneffei Coinfected AIDS Patients: Cytokine Profile Surveillance During Initial 6-Month Antifungal Therapy. Open Forum Infect Dis. 2019; 6: ofz205.

2. Kawila R, Chaiwarith R, Supparatpinyo K. Clinical and laboratory characteristics of penicilliosis marneffei among patients with and without HIV infection in Northern Thailand: A retrospective study. BMC Infect Dis. 2013; 13: 464.

3. Li YY, Dong RJ, Shrestha S, Upadhyay P, Li HQ, et al. AIDS associated Talaromyces marneffei central nervous system infection in patients of southwestern China. AIDS Res Ther. 2020; 17: 26.

4. Le T, Huu Chi N, Kim Cuc NT, Manh Sieu TP, Shikuma CM, et al. AIDS associated Penicillium marneffei infection of the central nervous system. Clin Infect Dis. 2010; 51: 1458-62.