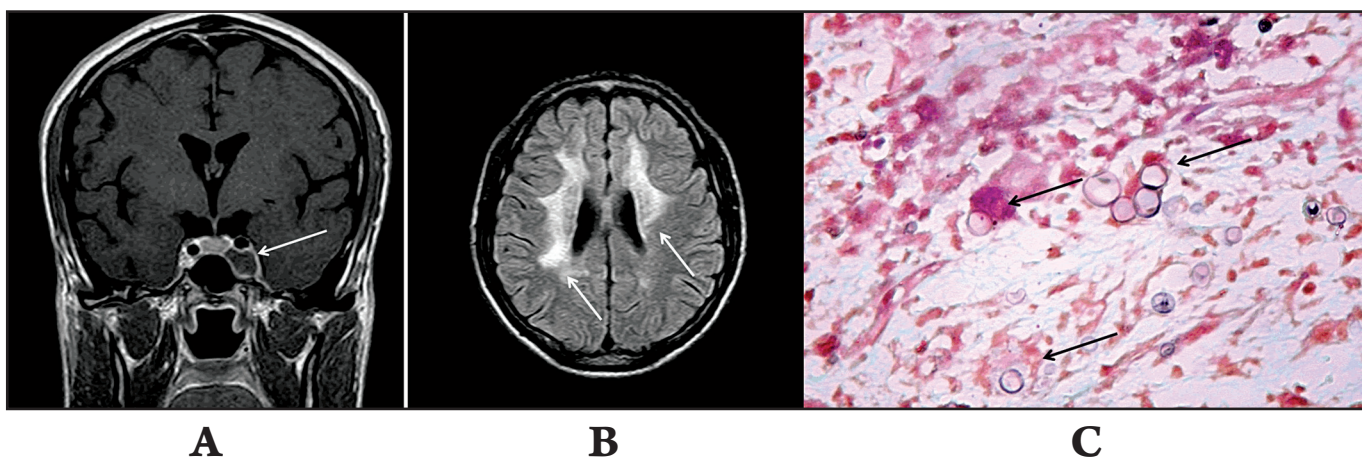


Concomitant progressive multifocal leukoencephalopathy and disseminated paracoccidioidomycosis in an AIDS patient

Leucoencefalopatia multifocal progressiva e paracoccidioidomicose disseminada em paciente com AIDS

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A 39-year-old man with a previous diagnosis of acquired immunodeficiency syndrome (AIDS) was admitted to hospital with a 2-week history of fever, weight loss, headache, diplopia and confusion. His previous CD4⁺ count had been 9 cells/mm³. Physical examination revealed painful and enlarged cervical, axillary and inguinal lymph nodes and ptosis of the left eyelid. Magnetic resonance (MR) showed a tumoral lesion in the cavernous sinus with a left internal carotid artery displacement (**Figure A**). MR also revealed another bilateral cerebral lesion suggestive of progressive multifocal leukoencephalopathy surrounding the lateral ventricles (**Figure B**). A cervical lymph node biopsy showed numerous leveduriform structures of *Paracoccidioides brasiliensis* (**Figure C**). He was treated with conventional amphotericin B for 36 days followed by itraconazole for 21 days and showed a slow, progressive recovery. Just before release from hospital, he was started on HAART (tenofovir, lamivudine, efavirenz). Four months later, at the outpatient clinic, he was asymptomatic.

O paciente, de 39 anos, com a síndrome da imunodeficiência adquirida (AIDS) foi admitido no hospital com história de febre, perda de peso, cefaleia, diplopia e confusão mental, de início havia 14 dias. A última contagem de linfócitos CD4⁺ era de 9 células/mm³. Ao exame físico descreveram-se linfonodos cervicais, axilares e inguinais aumentados e ptose palpebral à esquerda. A ressonância magnética mostrou lesão tumoral no seio cavernoso com deslocamento da artéria carótida interna esquerda (**Figura A**). A ressonância magnética ainda mostrou lesão cerebral bilateral em torno dos ventrículos laterais sugestiva de leucoencefalopatia multifocal progressiva (**Figura B**). A biópsia de um linfonodo cervical revelou a presença de estruturas leveduriformes de *Paracoccidioides brasiliensis* (**Figura C**). Ele foi tratado com anfotericina B convencional por 36 dias, seguido de itraconazol por 21 dias com melhora lenta e progressiva. Antes da alta hospitalar o paciente recebeu terapia antirretroviral de alta potência (tenofovir, lamivudina, efavirenz). Quatro meses mais tarde, em ambulatório, ele estava assintomático.

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