Syphilitic meningoencephalitis associated with vasculitis

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A 28 year-old man, with no previous comorbidity, presented left side weakness and verbal fluency reduction. A computed tomography (CT) (Figure 1) performed in another hospital revealed hipodensity in the basal ganglia. After 20 days the patient presented a generalized tonic-clonic seizure and became stuporous (Glasgow Coma Scale 11/15), with aphasia, anisocoria (right > left pupil) with mild light reaction (Argyll Robertson pupil), and tetraparesis (Medical Research Council Scale of Muscle Strength 2/5). Ten days later the patient was admitted at our service and a MRI revealed multiple areas of ischemia (Figure 2) suggestive of central nervous system vasculitis. Laboratorial evaluation revealed positive serology to HIV-1, HIV-1 RNA/mL 201.777 copies, CD4 count 97/mm^3, serum VDRL 1/2048 and positive FTA-Abs. Cerebrospinal fluid analyses revealed 6 cells/mm^3 (97% mononuclear), glucose 43 mg/dL, total protein 147 mg/dL and VDRL 1/16. The diagnosis of vascular meningoencephalitis syphilitic was made. The MRI was compatible with a case of Nissl-Alzheimer endarteritis syphilitica, a subtype that involves the small brain vessels[1-3]. Despite initiation of specific treatment, the patient deteriorated to no visual or verbal contact, increase in muscle weakness (Muscle Strength 1/5) in the four limbs. After one month of medical support the patient died of a multi-resistent bacterial pneumonia.

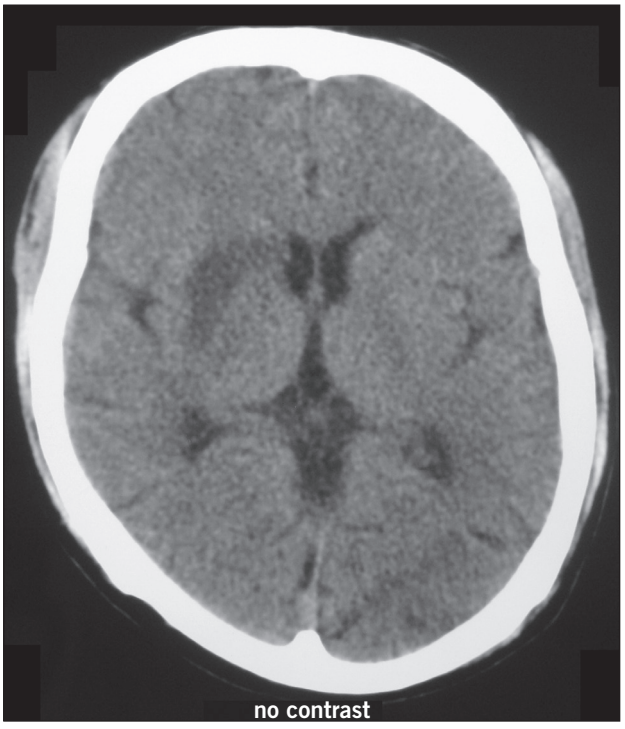

Figure 1 – Computed tomography (CT) shows hipodensity in the basal ganglia.

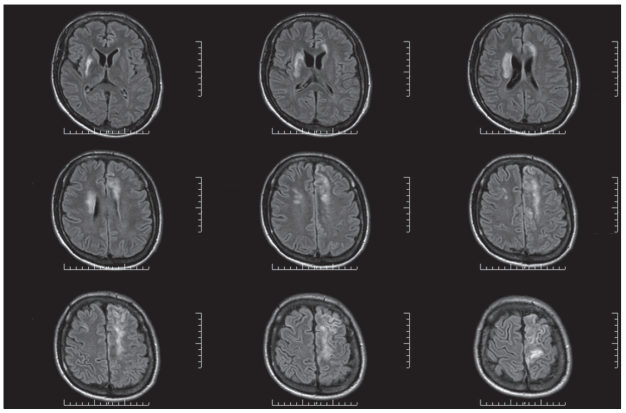

Figure 2 – Axial FLAIR weighted MRI shows multiple areas of ischemia, affecting the territory of small vessels in the cortical, subcortical and basal ganglia area.

References

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