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STROKE IN HIV/AIDS

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Background: Human Immune-deficiency Virus infects glial cells, astrocytes but not neurons; it is neurotropic. The primary receptor is CD4+ molecule; co-receptors are CCR5 and CxCR4. Neurological manifestations in HIV/AIDS include aseptic meningitis, HAD, peripheral neuropathy, opportunistic infections etc. Stroke syndromes are increasingly being encountered.

Objective: Identify stroke syndromes in hospitalized HIV/AIDS patients from January 2000 to June 2005.

Method: Retrospective observational study. Records of all HIV positive patients admitted to Nairobi Hospital- Division of Medicine during the study period were isolated. Patients with neurological manifestations and subsequently stroke syndromes were isolated; those with neurological deficits due to opportunistic infection mass lesions were excluded.

Results: Seven hundred and eight (708) patients were HIV positive; 150 (21.2%) had neurological manifestations, of these 19 (12.7%) had various stroke syndromes. Eleven (57.9%) males; 8 (42.1%) females; mean age 38.9 years, mode 32 years and range 32–60 years. CD4+ counts mean 120, mode 30, range 15–394/cmm Neuro-imaging results: basal ganglia infarcts 6 (31.6%); multiple cerebral cortical infarcts 4 (21.1%); cerebral hemorrhage 7 (36.8%); CVST 2 (10.5%) – these two patients had low Protein-C, Protein-S, and Anti-thrombin 111 activity.

Conclusion: Stroke is emerging as a significant neurological manifestation of HIV/Aids; a 6-year point prevalence of 12.7% is noted in this study. Ischemic infarction, CVST was predominant; seen in 12 (63.2%) patients. Infarcts were in the basal ganglia and multiple in cerebral cortices, probably suggesting vasculitic pathophysiology. There is need to ascertain the pathophysiology of stroke in this group of young patients with very low CD4+ counts.

