# CLINICAL WARD ROUND 2014

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SaludMadrid
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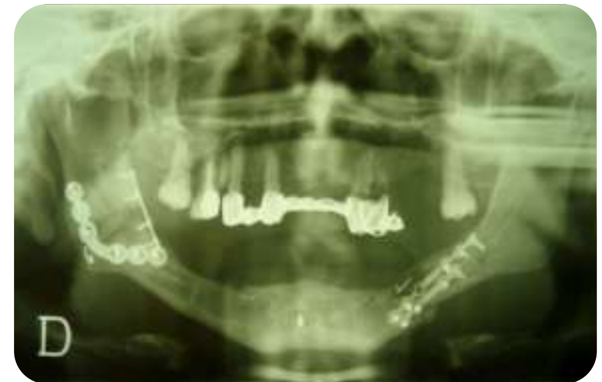
# A 56 year old Bolivian male

- Natural from **Cochabamba**, **8 years** in Spain working as **truck driver**.
- **Smoker**, ocasional **drinker**.
- Otherwise healthy.
- Jaw fracture, which needed **surgery** in admision. Amoxiciline-clavulanate 875-125 mg/TID for 10 days.

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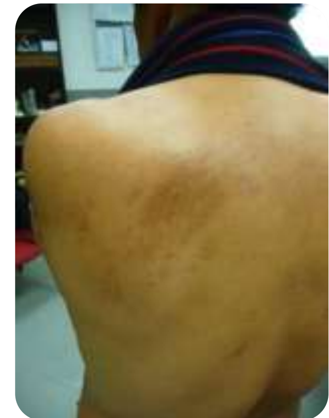
# Holiday in Bolivia

- After DC: 3 week **summer stay** in Bolivia
- He presents **watery diarroea**. Improves with ciprofloxacin 500 mg/BID/5d
- Back in Spain, 2 weeks after his holiday, **new diarroeal episodes start** (8-10 watery stools) for **4 months**.
- **At our ER**:
  - 25 Kg weight loss.
  - Afebrile.
  - Banded skin lessions on the back skin.



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# Diagnostic Schedule for Chronic Diarrea + 25 Kg weight loss

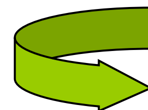
- Cell blood count:
  - Hb 7.8 mg/dl
  - eosinophis 4.3% = 0.2 $x10^3$/ul (N 2-3%)
  - lymphocytes: 19.7%= 1.0$x10^3$/ul (N 15-40%)
- ESR:
  - 127 mm
- Biochemistry:
  - 77 mg/dl Cholesterol(N>120)
  - GGT: 78 U/l (N<50)
  - LDH: 259 U/l (N<240)
- Protein electrophoresis:
  - albumin 35.5% (N>59)
  - globulin 33.1% (N<17)

- Anemia, Eosinophilia
- Malnutrition
- Hiper γ-globulinemia

*Clostridium difficile* toxin assay +

Fresh stool examination: -

Iodum & Trichrome stain: -



Metronidazol 500 mg/TID/10d

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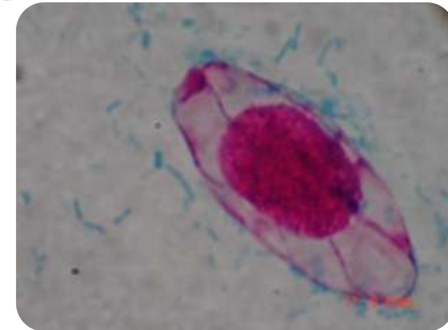
# Would you perform any other test...?

- Stool culture:
  - Negative
- Celiac disease markers:
  - Negative
- Thyroid function test:
  - Normal
- Tumoral markers:
  - Negative
- *Strongyloides* serology and culture:
  - Negative
- *E. histolytica* serology, antigen and PCR:
  - Negative
- Giardia antigen and PCR
  - Negative

- Kinyoun stain:



Quick HIV test:

POSITIVE

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# HIV status work up

- HIV (ELISA +) (WB +): HIV-1, B subtype
  - CD4 count: **16 cells/uL** (1.45%)
  - Viral load: **>5.7 Log**
- Genotyping: **no resistance** to nucleo(t)sides, nor to non-nucleo(t)sides, or to protease inhibitors
- Dual/mix strain: R5/X4
- Coinfections
  - Toxoplasma IgG (+) IgM (-)
  - Syphilis (-)
  - HAV IgG (+) HBV (-) HCV (-)
  - Cryptococcus antigen (-)
  - CMV PCR <40 copies/mL
- PPD: **non reactive.**
- Abdominal US: normal
- Dermatologist's opinion:
  - residual **herpes zoster** on the back skin

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# Summary and Initial Progression (+21d)

- HIV C3 stage + Diarrhoea for ***C. difficile*** and *I.belli* + past ***Herpes Zoster***
- **Metronidazole**: 500 mg tid x 2 weeks + **Trimethropim-sulfametoxazole:** 2 x160/800 mg tablets qid x 2 weeks, 2 tab bid x 3 weeks, 1 tab qid …

- ART was postponed two week antibiotic treatment.
- BUT one week later : Mild dry cough
  - Chest auscultation Normal
  - Sat O2 95%

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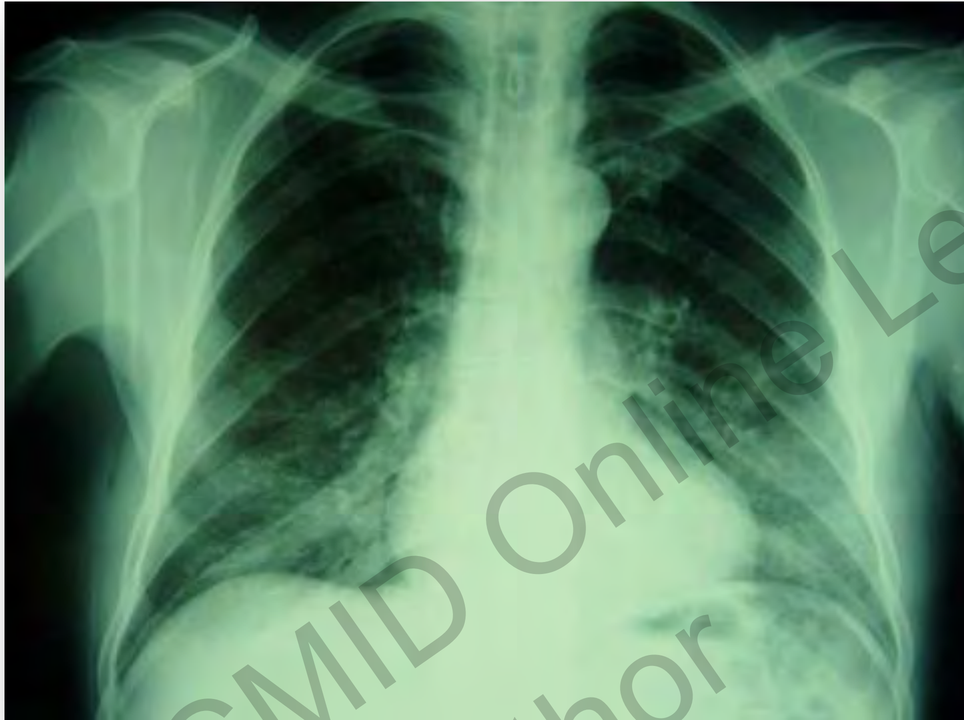
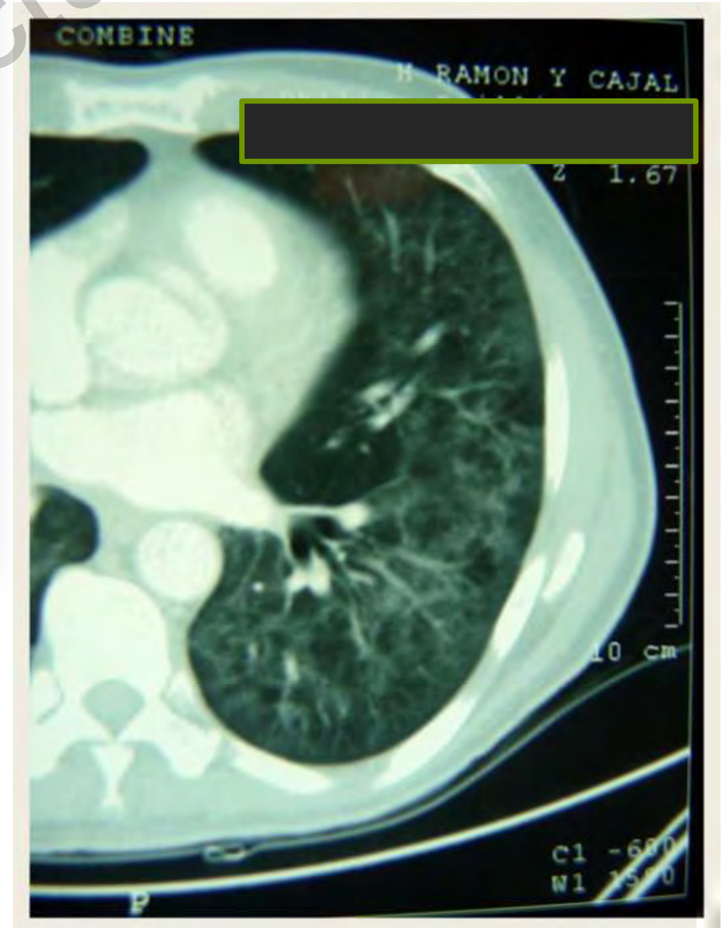
# Chest X-Ray and CT scan



Peripheral bilateral infiltrates

No lymphnodes




**Reticulo nodular patern**

**Inducem sputum**:

Ziehl-Nielssen AFB-, Mab *P.jirovecci* -, Gram stain=Normal Flora

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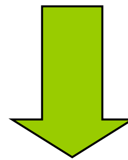
# What next?

- Fibrobroncoscopy
  - White plaques on the oropharynx and epiglottis : *Candida albicans*
  - BAL (Mab IF): *Pneumocystis jirovecci*



**Trimethropim-sulfametoxazole**: 2 tab 160-800mg/qid x 3 weeks

**Metronidazole**: 500 mg, tid, 10 days

**Itraconazole**: 100 mg/d

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# Further progression (+45)

- **Two weeks later** : ATRIPLA® (efavirenz 600 mg + emtricitabine 200 mg + tenofovir disoproxil fumarate 300 mg) once a day
- BUT … **dizzness** from the beginning of ART initiaton
- STOP Atripla ®. New ART with TRUVADA® od + VIRAMUNE® initially od followed by bid

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# Other latent tropical diseases

- HTLV-I serology: (-)
- Histoplasmosis, serology: (-)
- Blastomycosis, serology: (-)
- Coccidioidomycosis serology: (-)
- Paracoccidioidomycosis serology: (-)
- ***Leishmania ssp.*** serology: IFA (+) 1/160, ELISA (inconclusive).
- ***T. cruzi*** serology: ELISA (+ OD: 6.2) and IFA (+ >1/160) PCR in blood: (+)

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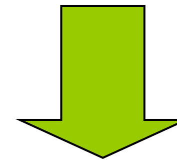
# Further examinations for flagellates

- **Cryptic leishmaniasis search** → Buffy-coat blood culture: (-)
- PCR in blood: (-)
- Bone marrow biopsy /spleen aspirate: **not performed**
- → **Wait & Watch**

HIV follow-up (+60d):

CD4 count: 9.25% (197 cell/mm3), RNA viral load undetectable

- **Asymptomatic Chagas disease**:
  - ECG, Cardiac Ultrasound
  - Barium swallow, Barium enema and Esophageal manomethry normal



Benznidazole:

100 mg tid x 60 days

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# And still …

- 10 days after starting benznidazole: severe skin rash and facial edema.
  - What to do ?
  - **Stop Benznidazole**
- Refused Nifurtimox
- Our patient then informed
  **willingness to return to Boliv**

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# Take-Home messages

1. Nowadays HIV management can be familiar , **BUT don't** forget to rule-out some **tropical diseases** when you face a patient coming from a particular geographical area

2. Tropical diseases have been **neglected** and there is a **lack** of adequate **diagnostic and therapeutical tools**

3. More **research** is needed in **Tropical Medicine**

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# THANK YOU FOR LISTENING

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