

**Abstract** POSTERS

□ **Multiple complications of late-stage HIV infection**  
**A case report**

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**INTRODUCTION.** Human immunodeficiency virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS)-related neurological disease can include opportunistic infections, progressive multifocal leukoencephalopathy, HIV-dementia, HIV associated malignancies mostly affecting the central nervous system, peripheral neuropathies.

**METHODS.** We present a case of unusual first neurological manifestation of HIV infection.

**RESULTS.** A 41 years Albanian man was admitted to our Hospital with a lower motor neuron facial nerve palsy and headache. He reported cervical and lumbar pain started one month before. Neurological examination revealed a disturbance of right-sided facial and trigeminal nerve palsy, lower motor neuron signs in his left arm and right leg. Cerebral magnetic resonance showed nasopharynx material with mucosal hyperplasia and neck lymphadenopathy; HIV was detected from blood samples; cerebro-spinal fluid confirmed HIV high level antibodies and showed cellular increase (50/ $\mu$ L lymphocytes). One day after admission he developed dysphonia and dysarthria suggesting a glosso-pharyngeal and vagus nerves involvement. After 7 days of

hospitalization, during antiretroviral therapy, he died for coronary dissection. Small B-cell Lymphoma affecting nerves, myocardium, kidneys, adrenal glands was detected by autopsy.

**CONCLUSIONS.** Multiple mononeuropathies in our patient affected by HIV disease was related to lymphoma; differential diagnosis includes Diffuse Infiltrative Lymphocytosis Syndrome (DILS), opportunistic infections, necrotizing vasculitis.

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