

POSTER PRESENTATION

Open Access

# And yet... what makes the difference?

Șerban Benea<sup>1,2\*</sup>, Daniela Camburu<sup>1</sup>, Mihaela Ionică<sup>1</sup>, Manuela Podani<sup>1</sup>, Otilia Elisabeta Benea<sup>1,2</sup>

From The 9th Edition of the Scientific Days of the National Institute for Infectious Diseases Prof Dr Matei Bals Bucharest, Romania. 23-25 October 2013

## Background

In the era of HAART *C neoformans* meningitis remains one of the most important opportunistic infections associated with HIV infection, with a high mortality (35-65%).

## Case report

We present 3 cases of *C neoformans* meningitis occurred in immunocompromised patients with advanced HIV infection (CD4<50 cells/cmm) caused by strains with susceptibility to fluconazole dose-dependent and different clinical course.

The first case: a 28 years old patient, confirmed with HIV infection in 2009. He is diagnosed with systemic infection with *C neoformans* with pneumonia, meningitis and cutaneous cryptococcosis and a CD4<50 cells/cmm. Blood and CSF cultures were positive for *C neoformans*. CSF changes were minimal, but with high pressure. Was treated with fluconazole - 1200 mg/day and lumbar punctures were performed repeatedly. CSF cultures were negative with difficulty, after about 8 weeks of treatment. The evolution was unfavorable with neurocognitive deterioration, seizures and death.

The second case: a 24 years old patient, diagnosed with HIV infection in childhood, with a history of multiple antiretroviral regimens but with discontinued treatment two years ago is diagnosed with *C neoformans* meningitis and a CD4<50 cells/cmm. CSF changes were minimal and CSF pressure was increased. Under treatment with liposomal amphotericin and lumbar punctures at 2-3 days intervals the evolution was slowly favorable. After 8 weeks of antifungal therapy the antiretroviral treatment has been resumed.

The third case: a 54 years old patient with confirmed HIV infection in 2011 is diagnosed with *C neoformans* meningitis and a CD4<50 cells/cmm. CSF had significant

changes with increased cellularity and low glycochorrachia. Treated with fluconazole – 1200 mg/day plus flucytosine – the evolution was favorable.

## Conclusion

We discussed the different factors that determine the clinical course of *C neoformans* infection in HIV-infected patients with advanced immunosuppression.

## Authors' details

<sup>1</sup>National Institute for Infectious Diseases "Prof. Dr. Matei Bals", Bucharest, Romania. <sup>2</sup>Carol Davila University of Medicine and Pharmacy, Bucharest, Romania.

Published: 16 December 2013

doi:10.1186/1471-2334-13-S1-P21

Cite this article as: Benea et al.: And yet... what makes the difference? *BMC Infectious Diseases* 2013 **13**(Suppl 1):P21.

Submit your next manuscript to BioMed Central and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at  
www.biomedcentral.com/submit



\* Correspondence: serban\_16@yahoo.com

<sup>1</sup>National Institute for Infectious Diseases "Prof. Dr. Matei Bals", Bucharest, Romania

Full list of author information is available at the end of the article