OLGU SUNUMU

Doç Dr Aysel Kocagül Çelikbaş

Ankara Numune Eğitim ve Araştırma Hastanesi

1. Enfeksiyon Hast.ve Klinik Mikrobiyoloji Kli.

Olgu

- ✓ MÇ
- ✓ 26 yaş, erkek
- ✓ Tespit tarihi: 2005
- ✓ Zonguldak
- ✓ Meslek: Garson
- ✓ Bulaş yolu: Heteroseksüel cinsel temas

Olgu

- ✓ ELISA Anti HIV : +
- ✓ Western Blot: +
- ✓ CD4: 229
- ✓ CD8: 4656
- ✓ Viral yük: 2.76x 10^6 kopya/ml
- ✓ Temporal BT: Bilateral mastoid hücrelerde ve orta kulak boşluğunda yumuşak doku değerleri
- ✓ Otit tedavisi verildi

Olgu

Tarih	21.07.2005	09.02.2006	21.04.2006	06.10.2006
CD4 CD8	229 4656	190 2274	303 2984	211 1238
Viral yük	2.76×10^6	1.21×10^5		1.81×10^5
Tedavi	Combivir Crixivan	Combivir Crixivan	Combivir Crixivan	Combivir Crixivan

Tedavi uyumu Ø

Olgu

Tarih	21.07.2008	20.12.2010	16.03.2011 Direnç testi
CD4 CD8	176 1404	0 160	PI:duyarlı NRTI:duyarlı NNRTI: K103N E138A Delavirdin, Efavirenz, Nevirapin: yüksek düzey Etravirin: potansiyel düşük düzey
Viral yük	3.58x 10^4 k/ml	4.17x10^5k/ml	
Tedavi	Combivir Crixivan Direnç testi ?	Combivir Stocrin başlandı	

PNÖMONİ SİNÜZİT

Combivir
Stocrin

Olgu

Tarih	07.04.2011
CD4 CD8	1 56
Viral yük	$3.16x10^5$k/ml
Tedavi	Kullanmıyor

Fırsatçı enfeksiyon
(06.04.2011 de yatış verildi)

Şikayeti

- ✓ Ateş
- ✓ Baş ağrısı
- ✓ Burun tıkanıklığı
- ✓ Kulaklarda dolgunluk
- ✓ Ağız içinde yara
- ✓ Yutma güçlüğü
- ✓ Retrosternal yanma
- ✓ Öksürük
- ✓ İştahsızlık
- ✓ Bulantı
- ✓ İshal

Olgu

Fizik muayene:

- ✓ Ateş 39° C
- ✓ Kilo kaybı (49 kg)
- ✓ Şuur açık, koopere, oryante
- ✓ Ense sertliği yok
- ✓ Post nazal akıntı
- ✓ Ağız içinde yaygın kandida plakları
- ✓ Solunum sesleri bilateral kaba
- ✓ Batın serbest organomegali yok

Olgu

Laboratuvar testleri:

- ✓ **Beyaz küre: 600 / mm^3**
- ✓ **Nötrofil: 300 / mm^3**
- ✓ **Hemoglobin: 7.9 g/dl**
- ✓ Trombosit: 371 000/mm^3
- ✓ **CD4 1 /mm^3**
- ✓ **CD8 56 /mm^3**

Olgu

PA akciğer: Sağ akciğer orta zonda non homojen dansite artışı, sağ üst zonda fibrotik çekinti

Toraks BT:

- ✓ Sağ akciğer üst lob düzeyinde 11 mm boyutlu lokalize plevral kalınlaşma
- ✓ Sağ akciğer üst lob posterior segmentte bronşiektazik değişiklikler ve komşuluğunda plevraya uzanan yumuşak doku artımı, buzlu cam görünümleri ve mikronodüler infiltrasyon
- ✓ Sağ akciğer alt lob posterobazal, sol akciğer üst lob anterior segmentlerde subplevral bül formasyonları

Olgu

Batın BT:

- ✓ LAP dışında patolojik bir bulgu yok

Paranazal Sinüs BT :

- ✓ Sol frontal, bilateral maksiller, etmoid hücreler ve sfenoid sinüste yumuşak doku görünümleri
- ✓ Her iki osteomeatal birim oblitere
- ✓ Nazal septum önde sola, arkada sağa deviye

Olası Tanınız Nedir?

Fever of unknown origin in patients with HIV ... [Int J ...

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Int J STD AIDS. 2008 Apr;19

Fever of unknowr

v of the literature.

Kitkungvan D, Apisarntha

Division of Internal Medicine

Abstract

Fever of unknown origin
syndrome (AIDS). We pr
the era of available antire
infectious aetiologies we
7%), and salmonella bac
581 cells/mm(3)), and th
95% CI=1.2-21.9; P=0.02
needs that will benefit in

uired immune deficiency
ntify aetiologies and mortality in
aetiology. The most common
3%), Toxoplasma gondii (n=5;
was 120 cells/mm(3) (range, 1-
edictor of mortality (aOR=4.9;
ictic strategies remain unmet

PMID: 18482940 [PubMe

Nedeni bilinmeyen tablosu ile izlenen 72 AIDS olgusu

67 (% 93) olguda etiyoloji saptanmış

61 (%85) olguda enfeksiyon etkeni saptanmış

Tüberküloz (n=30 %42)

Kriptokok enfeksiyonu (n= 17 % 24)

Pneumocystis jiroveci (n=9 %13

Toksoplazma (n=5 %7)

Salmonella (n=5 %7)

Koenfeksiyon (n=19 % 26)

Olgu

- ✓ CMV PCR negatif
- ✓ CMV antijenemi negatif
- ✓ Toksoplazma Ig M ve Ig G negatif
- ✓ Balgam ARB negatif
- ✓ Balgam ve kan TBC PCR negatif
- ✓ Balgamda Pneumocystis jiroveci negatif
- ✓ Gruber widal ve Wright ag. negatif
- ✓ Kandidemi ve CMV açısından göz dibi incelemesi negatif

Olgu

- ✓ Boğaz kültüründe: Normal flora + **Candida spp**
- ✓ Dışkı kültürü: Patojen bakteri üremedi. **Candida** hakim
- ✓ Dışkıda parazit ve parazit yumurtası görülmedi (criptosporidium dahil)
- ✓ Balgam yayması ve kültürü: Normal flora + **Candida** hakim
- ✓ Kan kültürü: Üreme olmadı

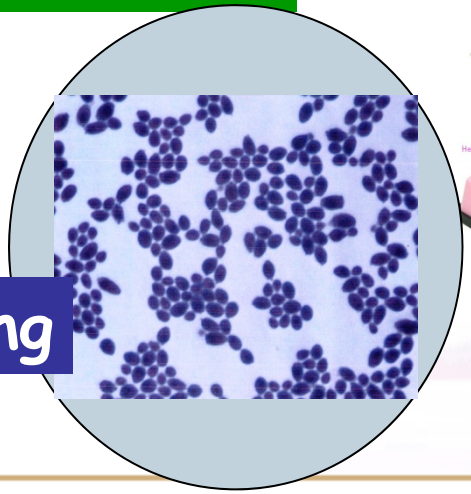
Olgu

Ön tanılar:

- ✓ Sinüzit
- ✓ Enfekte bronşektazi

Ateş + Nötropeni

Geniş spektrumlu antibiyotik + profilaksiler



Flukanazol 1x 400 mg

Bu Olguya ART Başlar mısınız?

Olgu

20.04.2011

- ✓ Semptomlar düzeldi (Tedavinin 14. günü)
- ✓ 4 hafta sonra kontrole gelmek üzere taburcu

Flukanazol 1x 400 mg
Truvada + kaletra
Proflaksiler

Olgu

25.05.2011 tekrar başvurdu

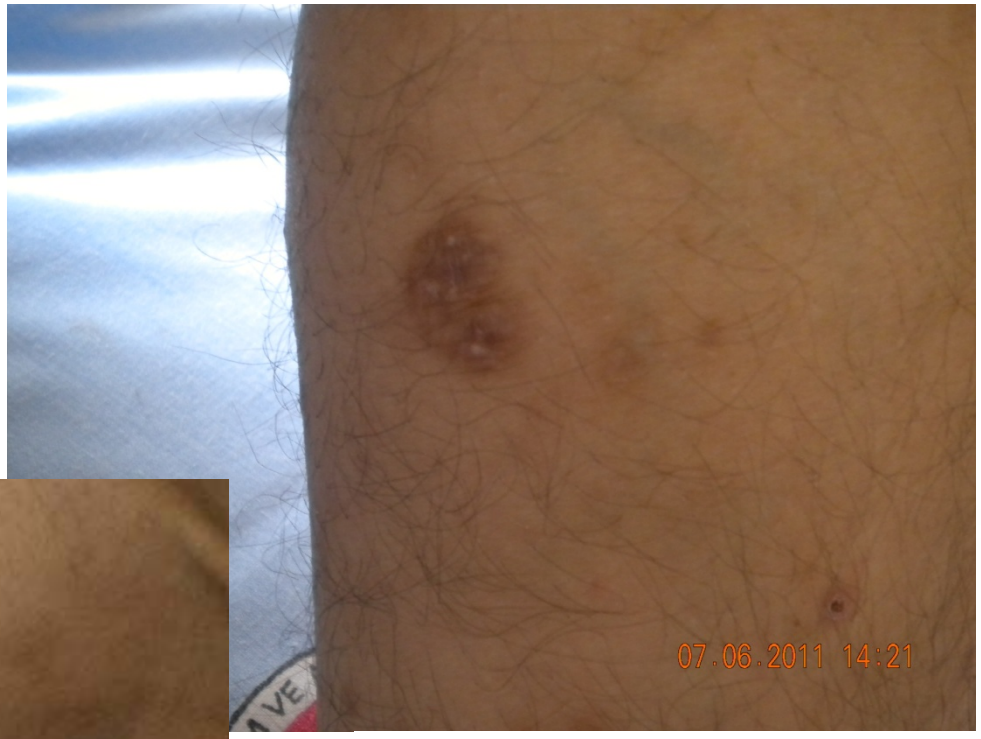
- ✓ Ateş, kilo kaybı
- ✓ Öksürük
- ✓ Balgam,
- ✓ Yutma güçlüğü
- ✓ Nefes darlığı, ses kısıklığı
- ✓ Kol ve bacaklarda belirgin, sırtta olan deriden kabarık yer yer kurutlu yaygın cilt lezyonları
- ✓ Boyunda, çene altında, kulak arkasında çok sayıda ağrılı LAP

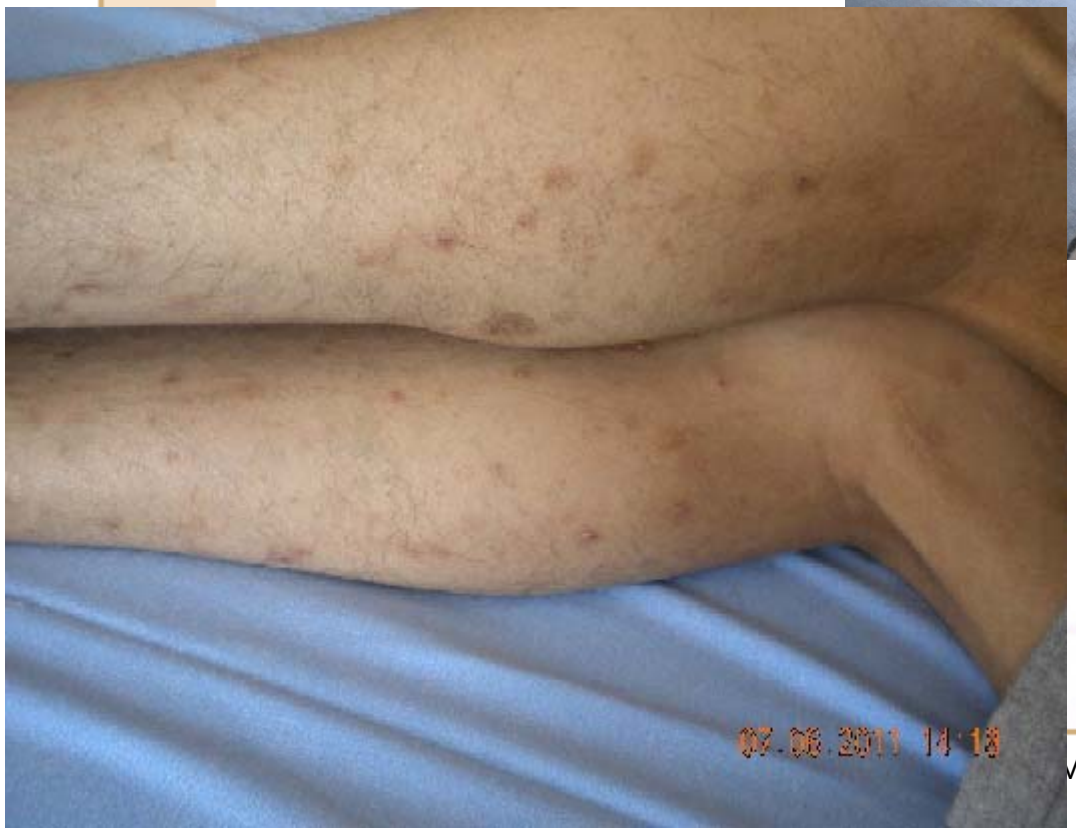
Yeniden hospitalize edildi

Olgu

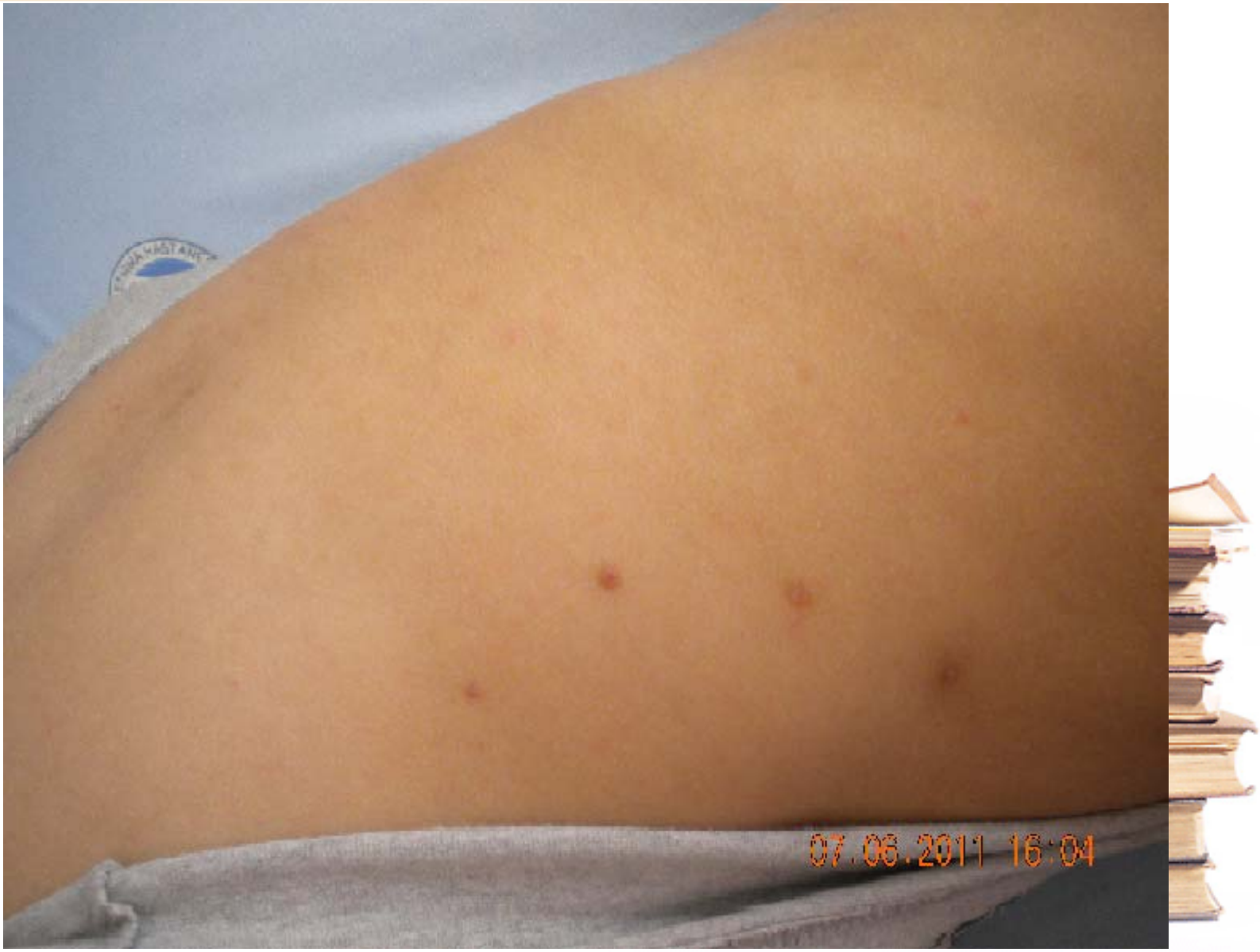
Fizik muayene:

- ✓ Ateş subfebril 37.2
- ✓ Kilo kaybı (45 kg)
- ✓ Boyunda, çene altında, kulak arkasında, koltuk altı ve inguinal bölgede çok sayıda ağrılı gözle de görülebilen LAP (ART nin 6. haftasında)
- ✓ İnspeksiyonda kol ve bacaklarda belirgin, sırtta olan deriden kabarık yer yer kurutlu yaygın cilt lezyonları
- ✓ Solunum sıkıntılı, takipneik
- ✓ Solunum sesleri yaygın kaba, ronküsleri var
- ✓ Hepatosplenomegali





MU 2011


07.06.2011 16:04

Olgu

- ✓ Anemi
- ✓ Nötropeni
- ✓ Trombositopeni

Kemik İliği Tutulumu

- ✓ Periferik yayma :Uyumlu, atipik hücre görülmedi
- ✓ Biyokimyasal testler: Normal
- ✓ Boğaz Kültürü:NBF
- ✓ Balgam kültürü: **Candida spp. üredi**
- ✓ İdrar kültürü: Üreme olmadı
- ✓ Dışkı kültürü: Patojen bakteri üremedi
- ✓ Kan kültürü: Takipte

Olgu

- ✓ **Boyun Ultrasonografisi:**

  Bilateral ön servikal zincir ve posterior servikal zincirde en büyüğü 15x20 mm çapında ekojen hilum içermeyen round indeksi artmış çok sayıda lenf nodu izlendi

- ✓ **PA akciğer grafisinde:**

  Belirgin infiltrasyonu yok

- ✓ **Toraks BT:**

  Paratrakeal,prekarinal,aortopulmoner,subkarinal, bilateral hiler konglomere LAP kitleleri, sağ hiler kesimden perifere uzanan kaviter kitle lezyonları lezyonların çevresinde üst, orta ve alt lob süperiorda yaygın bronşiyolitle uyumlu retikülonodüler infiltrasyonlar, sağ posterior ve lateral bazal segmentte en büyüğü 8 mm boyutunda nodüler lezyonlar

Akciğer Tutulumu

Olgu

Tedavi

Truvada + Kaletra	CD4	CD8	Viral yük
Başlangıç	1	56	3.16×10^5 k/ml
2.Ay	21	303	1490 k/ml

Meropenem
Teikoplanin
Lip Amph B

Olgu

Kranial MR:

- ✓ Sol transvers sinüs distalinde tromboz

  Solda mastoid hücrelerde ve orta kulakta yaygın effüzyon ve enflamatuvar mukozal sinyal değişikliği izlenmiştir.

MR venografi:

- ✓ Sol transvers sinüs distalinde lümende sinyalsiz alanlar izlendi

(yavaş akım ? erken dönem trombüs gelişimi ?)

Clexan tedavisi

Olgu

İzlem:

- ✓ Takipte belirgin ateş olmadı
- ✓ Pansitopeni devam etti
- ✓ Baş ağrısı, baş dönmesi
- ✓ **İki gün süren şuur bulanıklığı oldu**
- ✓ **Göz dibi: Bilateral papillalar silik**
- ✓ 3 gün süreyle mannitol tedavisi verildi
- ✓ Ödem bulgusu kayboldu

Olgu

İzlem:

LP yapıldı

- ✓ Basınç artmış,
- ✓ Renk ksantokromik
- ✓ Hücre yok
- ✓ Protein 71 mg/dl
- ✓ Glukoz 52 mg/dl
- ✓ Kan şekeri 98 mg/dl
- ✓ Yaymalarda bakteri, ARB negatif
- ✓ TBC PCR negatif
- ✓ BOS kültürü üreme olmadı

} Santral sinir sistemi tutulumu

Olgu

- ✓ Kemik iliği tutulumu
- ✓ Akciğer tutulumu
- ✓ Santral Sinir Sistemi tutulumu
- ✓ Cilt tutulumu

Olguda hangi fırsatçı enfeksiyonu düşünürsünüz?

Olgu

İzlem:

LP yapıldı

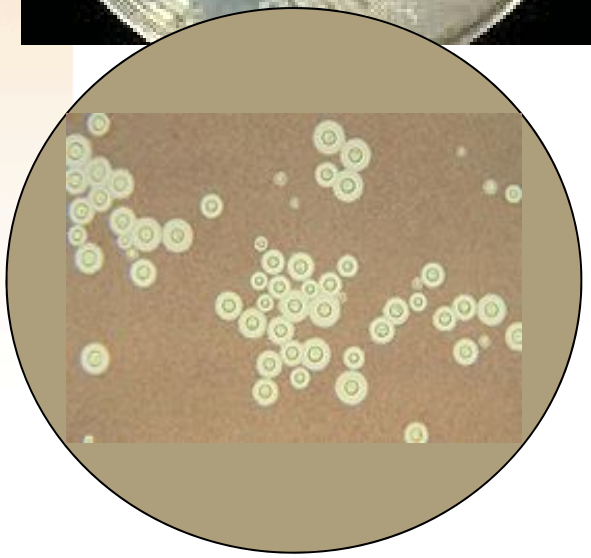
- ✓ Basınç artmış,
- ✓ Renk ksantokromik
- ✓ Hücre yok
- ✓ Pr[illegible] **Latex aglutinasyonu yöntemi ile**
- ✓ Gl[illegible] **BOS'da Cryptococ antijeni pozitif**
- ✓ Kan şekeri 98 mg/dl
- ✓ Yaymalarda bakteri ARB negatif
- ✓ BOS kültürü üreme olmadı

Olgu

- ✓ Balgam ARB negatif
- ✓ CMV PCR negatif
- ✓ CMV antijenemi negatif
- ✓ Balgam ve kan TBC- PCR negatif
- ✓ Balgam TBC kültürü negatif
- ✓ Kandida ve CMV açısından göz dibi incelemesi negatif
- ✓ Balgamın patolojide incelenmesinde *Pneumocystis jiroveci* negatif

Cryptococcus neoformans **ile uyumlu görünüm**

02.06.2011-Kan Kültürü



CASE REPORT

Year : 2006 | **Volume** : 24 | **Issue** : 3 | **Page** : 228-230

Disseminated crytococcosis with extensive cutaneous involvement in AIDS

SN Dharmshale[1], SA Patil[1], A Gohil[1], A Chowdhary[1], C Oberoi[2]

[1] Department of Microbiology, Grant Medical College and Sir J J Group of Hospital, Mumbai - 400 008, India

[2] Department of Skin and VD, Grant Medical College and Sir J J Group of Hospital, Mumbai - 400 008, India

Correspondence Address:
S N Dharmshale
Department of Microbiology, Grant Medical College and Sir J J Group of Hospital, Mumbai - 400 008
India
Login to access the email ID

PMID: 16912448

Abstract

Cutaneous infections is observed in 15% of patients with disseminated cryptococcosis with AIDS. We present here a case of a 34 years old female with AIDS. She presented with multiple skin coloured umbilicated over face, neck, trunk and limbs, which mimicked molluscum contagiosum and kaposi sarcoma. The tissue from cutaneous lesions was collected by excision biopsy and processed by standard mycological methods. *Cryptococcus neoformans* was isolated and identified. Cerebrospinal fluid (CSF) also yielded the growth of *C. neoformans* . Cryptococcal antigen was detected with a titre of 1024 by Latex agglutination, is serum and CSF. Her serum was reactive for HIVI and 2 antibodies. The CD4 lymphocytes count was 80/cmm. The HIV viral load was 2,48,084 copies/mL. She was treated with amphotericin B injectable and oral fluconazole. She responded well and lesions regressed.

Keywords: Acquired immunodeficiency syndrome, cutaneous cryptococcosis

Rev. Inst. Med. trop. S. Paulo
48(6):353-358, November-December, 2006

CASE REPORT

DISSEMINATED CUTANEOUS CRYPTOCOCCOSIS IN A PATIENT WITH AIDS

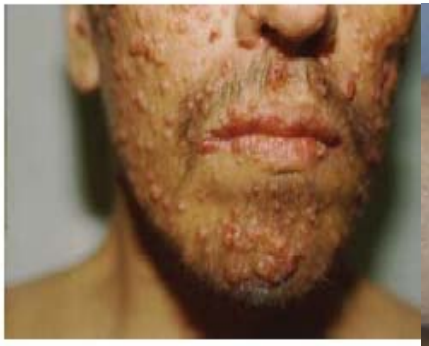


Fig. 1 - Exuberant injury in the face, similar to giant molluscum contag

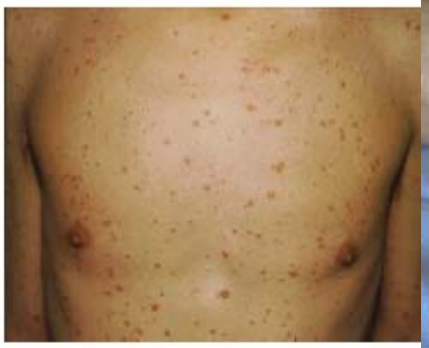
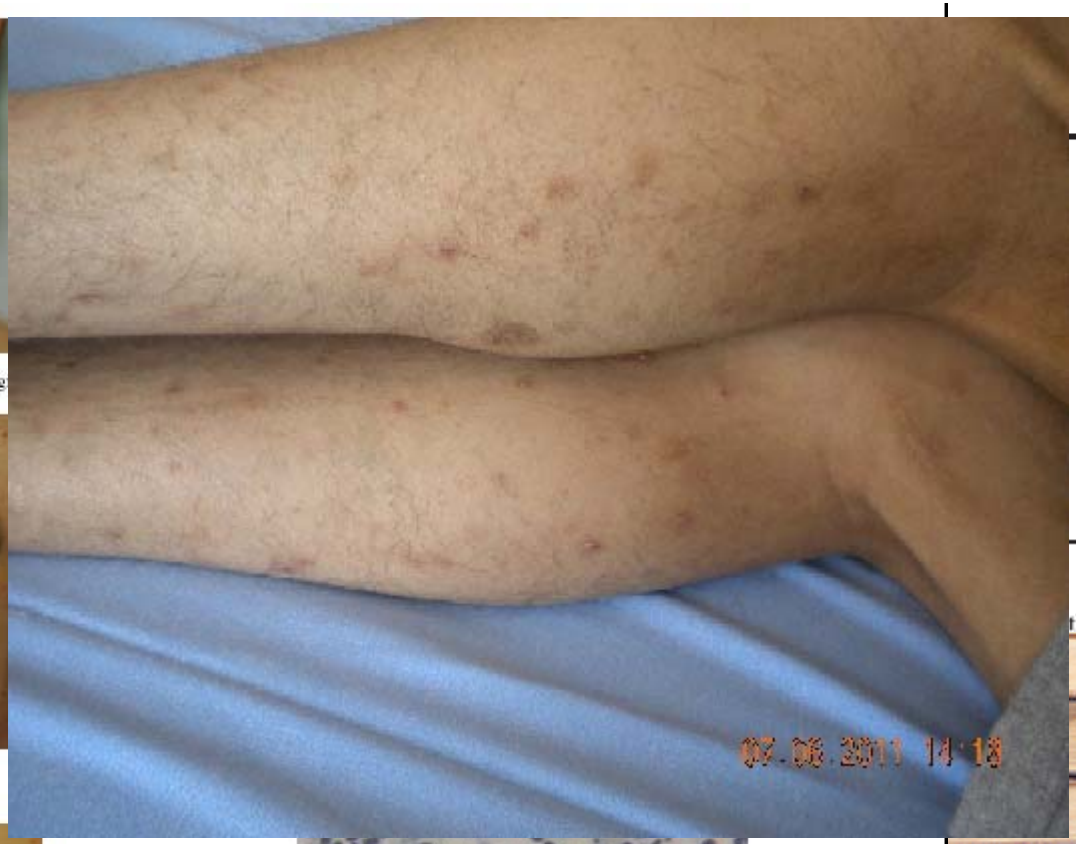
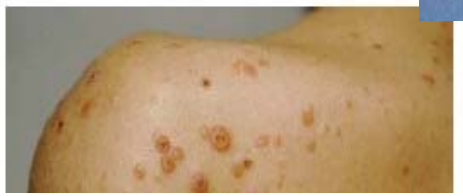
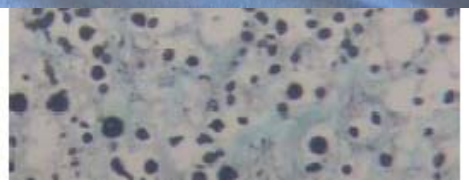


Fig. 2 - Injuries in the anterior region of the thorax.








A.D.A.M.

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Med Mycol. 2002 Feb;40(1):1-5.

An auxotrophic pigmented Cryptococcus neoformans strain causing infection of the bone marrow.

Schiappa D, Gueyikian A, Kakar S, Alspaugh JA, Perfect JR, Williamson PR.

Division of Infectious Diseases, University of Illinois at Chicago College of Medicine, 60612, USA.

Abstract

Cryptococcosis, caused by an encapsulated fungus, Cryptococcus neoformans, has emerged as a life-threatening infection in HIV-positive individuals and other immunocompromised hosts. This report describes an unusual strain of C. neoformans isolated from an AIDS patient that developed pigment on Sabouraud's medium. The

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Kemik iliği tutulumu

Am J Hematol. 1993 Apr;42(4):392-4.

Acquired immunodeficiency sy

Wong KF, Ma SK, Chan JK, Lam KW.

Institute of Pathology, Queen Elizabeth Hospital, Kowloon, Hong Kong.

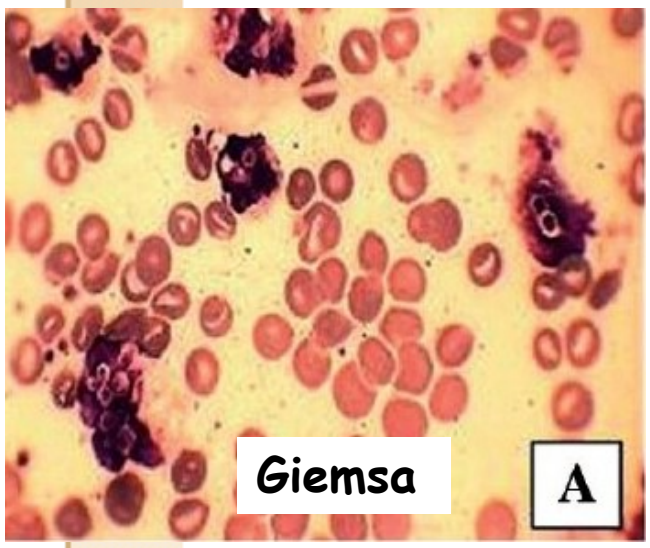
Abstract

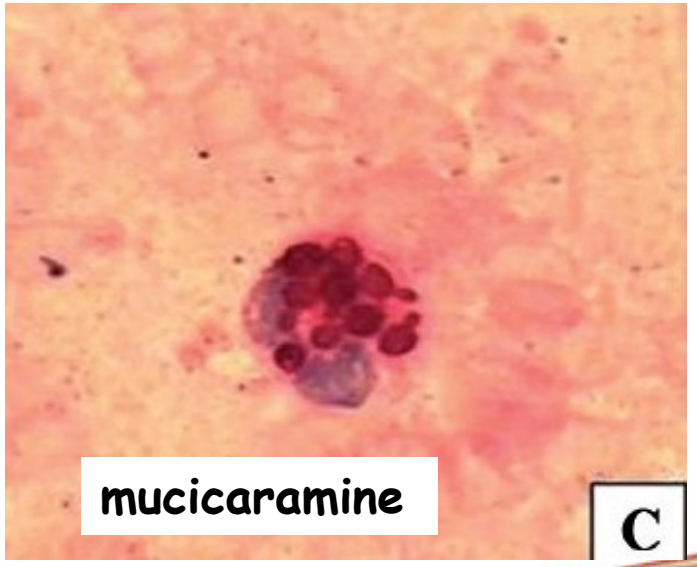
Disseminated cryptococcal infection is an uncommon initial manifestation in patients with the acquired immunodeficiency syndrome. The most common sites of involvement by cryptococci are the central nervous system and the lungs, and involvement of the marrow is rare. There are few descriptions in the literature on the cytologic findings of marrow cryptococcosis. We report a patient with disseminated cryptococcosis in which cytologic examination of the marrow provides the first clue to the diagnosis.

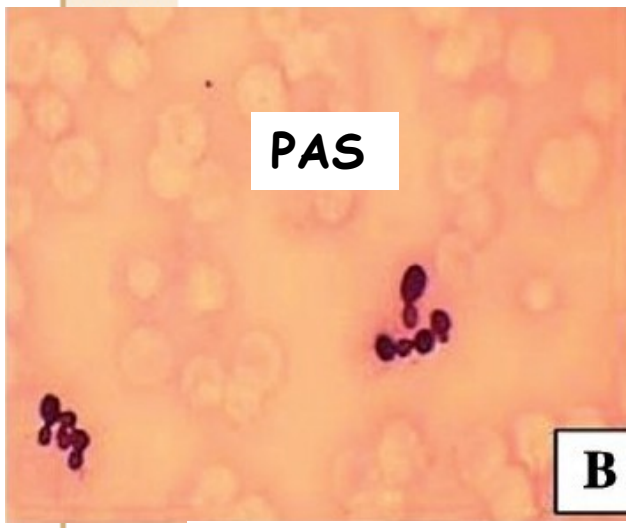
PMID: 8493992 [PubMed - indexed for MEDLINE]

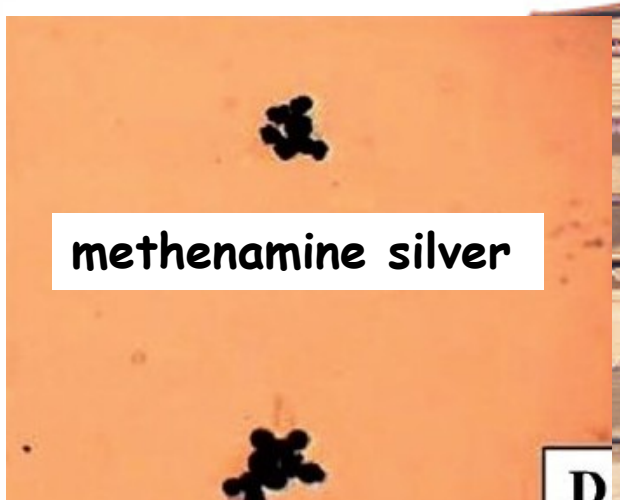
Publication Types, MeSH Terms

Cryptococcal neoformans profiles in peripheral blood neutrophils: An unusual presentation









Srinivas U. Indi Journal of Path and Microbiol 2008: 51(2): 296-297

CNS tuberculosis

Twenty-seven patients (36%) presented with neurological deterioration related to TB. Paradoxical TB-IRIS was diagnosed in 16/75 patients (21%). 13/16 of these patients received corticosteroids. At 6-months follow-up, 15/16 patients were alive, and one was lost to follow-up. All patients diagnosed with tuberculoma either had a negative serum Immunoglobulin G (IgG) serological analysis for *Toxoplasma* species, or showed a good response to antitubercular treatment in the absence of treatment for toxoplasmosis.

Cryptococcal meningitis

Eighteen patients (24%) presented with deterioration related to CM. Five patients (7%) presented with paradoxical CM-IRIS, of whom one received corticosteroids. At six months follow-up, four of these five patients were alive, and one was lost to follow-up.

Space occupying lesions (other than tuberculoma)

Ten patients (13%) presented with SOL due to toxoplasmosis (n=1) or of uncertain aetiology (n=9). The diagnosis of cerebral toxoplasmosis was based on a response to antitoxoplasma treatment in the absence of antitubercular treatment. In the other nine patients it could not be ascertained whether the SOL was related to TB or toxoplasmosis: four were already receiving antitubercular treatment and had antitoxoplasma treatment added, three were started on treatment for both TB and toxoplasmosis, one was treated only for toxoplasmosis but died, and one was only treated for TB but died.

Psychosis

Nine patients (12%) presented with psychosis. An EFV-induced psychosis was the most likely cause in five. One patient was diagnosed with INH-induced psychosis and another

patients starting ART in the referral area in the preceding year as the denominator to calculate the

Kriptokok tedavisi (SSS)

- ✓ İndüksiyon tedavisi

Amfoterisin B 0.5-0.7 mg/kg/gün

Flusitozin 100 mg/kg/gün,

Süre en az 6 hafta

  - ✓ **Lipozomal amfoterisin B**

    >3 mg/kg/gün IV veya

  - ✓ **ABLC**

    5 mg/kg/gün

- ✓ İdame tedavi
  - ✓ Flukonazol 400 mg/gün, 6 -18 ay

- ✓ Hasta uygun tedaviyi alıyor
- ✓ Genel durumu kötüye gidiyor

Bu tabloda ne düşünürsünüz?

Olgu

Tedavi

İmmün rekonstitusyon?
17.06.2011 de ART kesildi

Meropenem
Teikoplanin
Amph B

İmmün Rekonstitüsyon (IRIS)?

- ✓ HIV enfeksiyonu seyrinde gelişen immün hasar, ART başlanması ile düzelmeye başlar
- ✓ İmmün sistem yeniden yapılanır (reconstitution)
- ✓ Viral yük düşer, CD4 sayısı yükselir
- ✓ Vücut fırsatçı infeksiyonlarla daha iyi savaşmaya başlar
- ✓ Buna rağmen özellikle fırsatçı bir enfeksiyon varlığında hasta kendini daha kötü hisseder
- ✓ Tedavi başarısızlığı olarak algılanabilir

Chayakulkeeree M, Perfect JR. Infect Dis Clin North Am 2006;20:507-544

Table 1: HIV enfekte bireylerde IRIS in infeksiyöz ve non infeksiyöz nedenleri

Enfeksiyöz nedenler	Nonenfeksiyöz nedenler
Mycobacteria	Rheumatologic/Autoimmune
Mycobacterium tuberculosis [4, 6, 7, 10, 11, 26, 30-32, 41, 43, 45]	Rheumatoid arthritis [29] Systemic lupus erythematosus (SLE) [91]
	Graves disease [92], Autoimmune thyroid disease [93]
Mycobacterium avium complex [4, 5, 23, 31, 94-96]	Sarcoidosis & granulomatous reactions [20, 97]
Other mycobacteria [4, 56, 57, 98, 99]	Tattoo ink [100]
Cytomegalovirus [4, 33, 61, 63]	AIDS-related lymphoma [101]
Herpes viruses	Guillain-Barre' syndrome (GBS) [102]
Herpes zoster virus [4, 32, 33, 71, 103, 104]	Interstitial lymphoid pneumonitis [105]
Herpes simplex virus [4, 32, 33]	
Herpes virus-associated Kaposi's sarcoma [4, 32, 106]	
Cryptococcus neoformans [13, 16, 22, 28, 31, 83, 84, 86, 88]	
Pneumocystis jirovecii pneumonia (PCP) [8, 14, 32]	
Histoplasmosis capsulatum [107]	
Toxoplasmosis [33]	
Hepatitis B virus [32, 33]	
Hepatitis C virus [4, 32, 33, 108]	
Progressive multifocal leukoencephalitis [12, 33, 109]	
Parvovirus B19 [110]	
Strongyloides stercoralis infection [111] & other parasitic infections [112]	
Molluscum contagiosum & genital warts [32]	
Sinusitis [113]	
Folliculitis [114, 115]	

AIDS Research and Therapy 2007, **4**:9

Table 2: IRIS gelişen hastalarda eşlik eden klinik faktörler

Risk faktörleri
o Erkek cinsiyet (+) o Genç yaş (+) o ART başlandığında CD4 sayısı düşük olması (+) o Yüksek HIV RNA düzeyinin hızla düşmesi (+) o ART başlanmadan önce bir Fırsatçı enfeksiyonun varlığı (+) o Fırsatçı enfeksiyon tedavisi ile ART başlanması arasında kısa süre olması (+)

Achenbach CJ, Clin Infect Dis 2011

- ✓ 196 hasta
- ✓ 260 fırsatçı enfeksiyon
- ✓ 21 IRIS (%11)
- ✓ Kaposi Sarkomu % 29 (12/41)
- ✓ Tüberküloz % 16 (4/25)
- ✓ Kriptokok % 14 (1/7)
- ✓ Mycobacterium avium complex % 10 (1/10)
- ✓ PCP % 4 (3/72)

Immune reconstitution inflammatory syndrome in patients starting antiretroviral therapy for HIV infection: a systematic review and meta-analysis

- ✓ 54 kohort çalışma
- ✓ 13 103 ART başlanan hasta
- ✓ 1699 IRIS
- ✓ Ölüm oranı % 4.5
- ✓ CMV retinitinde %37.7
- ✓ Kriptokokkal menenjit % 19.5 (mortalite % 20.8)
- ✓ Tüberkülozda% 15.7 (mortalite %3.2)
- ✓ Progressif multifokal lökoensefalopati % 16.7
- ✓ CD4 <50 ART başlandığında IRIS riski artıyor

Müller M Lancet Infect Dis 2010 Apr;10(4):251-61.

Kriptokok Enfeksiyonunda IRIS

- ✓ Lenfadenopati,
- ✓ Deri ve yumuşak dokuda lezyon oluşumu tipik
- ✓ Baş ağrısında artış
- ✓ İntrakraniyal basınçta artış
- ✓ Aseptik menenjit
- ✓ Kraniyal lezyonlarda büyüme veya yeni lezyon oluşumu
- ✓ Yeni nörolojik bulguların ortaya çıkması
- ✓ Histopatolojide granülomatöz lezyonlar

Singh N, Perfect JR. Lancet Infect Dis 2007; 7: 395-401

The Role of Immune
in AIDSRelated *Cryp*
Highly Active Antire

C. Neoformans m

4-

Asemptomatik Mener
immün iyileşme

Gerçek bir
relaps mı?

Samuel A. Clin In

Panel: Suggested diagnostic criteria for IRS associated with opportunistic mycoses*

All three criteria must be present for a positive diagnosis of IRS

- New appearance or worsening of any of the following: clinical or radiographical manifestations consistent with an inflammatory process, such as contrast-enhancing

✓ BOS'ta kriptokok üremememesi
✓ Uygun antifungal tedaviye rağmen klinik bulgularda ilerleme
✓Kraniyal lezyonlarda büyüme veya yeni lezyon oluşumu

- Symptoms occurring during receipt of appropriate antifungal therapy† that cannot be explained by a newly acquired infection.
- Negative results of cultures, or stable or reduced biomarkers for the initial fungal pathogen during the diagnostic work-up for the inflammatory process.

Nina Singh,http://infection.thelancet.com
Vol 7 June 2007

ılar

Kriptokok Enfeksiyonunda IRIS

The Role of Immune Reconstitution Inflammatory Syndrome in AIDS-Related *Cryptococcus neoformans* Disease in the Era of Highly Active Antiretroviral Therapy

Samuel
Stephen
and Fehu
[1]Departm
of Medici
Center at

- ✓ Akla getirilmesi çok önemli
- ✓ CD4 sayısında artma
- ✓ Viral yükte azalma

This study of human immunodeficiency virus (HIV)–infected patients coinfected with *Cryptococcus neoformans* found that 30% of patients who initiated highly active antiretroviral therapy developed immune reconstitution inflammatory syndrome (IRIS). Patients with *C. neoformans*–related IRIS had higher cerebrospinal fluid opening pressures, glucose levels, and white blood cell counts, compared with patients with typical HIV-associated *C. neoformans* meningitis.

proaches and outcomes are different for the two types of disease. The aim of the present study was to determine the incidence of IRIS and the predictive factors for developing IRIS in HIV-infected patients hospitalized with disease due to *C. neoformans*.

MATERIALS AND METHODS

rt study was per-
val of the Baylor
ird. Requirements
ospitalization due
s signs and symp-
n addition to iso-
a positive finding of cryptococcal antigen in either blood or CSF.

Diagnostic criteria. The diagnosis of IRIS was based on definitions published elsewhere [1]. For the diagnosis of the culture-negative meningitis form of IRIS, all of the following criteria had to be met: (1) the patient's condition had clinically responded to anticryptococcal therapy; (2) after the initiation of HAART, the original symptoms returned or new inflammatory symptoms developed; and (3) during the diagnostic

ARTICLES

PML-IRIS in patients with HIV infection

Clinical manifestations and treatment with steroids

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MPH
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Steroidler ?

ART'nin sonlandırılması?

Nonsteroid antiinflamatuvarlar?

ML-s-IRIS)
ed antiretro-
of antiretroviral
ther
her lesion loads on MRI of the brain,
had shorter
rate compared to PML-s-IRIS patients.
Twelve patients received treatmen
of which five died and seven showed good neurologic recovery. Patients who survived had received steroids early after IRIS diagnosis for longer durations and had contrast enhancement on IRIS neuroimaging.

Conclusions: Immune reconstitution following initiation of combined antiretroviral therapy may lead to activation of an inflammatory response to detectable or latent JC virus infection. Early and prolonged treatment with steroids may be useful in these patients but requires further investigation Neurolog

Tan K Neurology. 2009 Apr 28;72(17):1458-64.

ART' ye tekrar ne zaman başlamalı?

Olgu

- ✓ Ambizom 30 güne tamamlandı
- ✓ Genel durum düzeldi
- ✓ ART 30.06.2011 de yeniden başlandı.
- ✓ ART nin 8. gününde hasta taburcu edildi
- ✓ Truvada + Kaletra
- ✓ Flukanazol 1x 400 mg
- ✓ Profilaksiler
- ✓ Clexan

Olgu

26.08.2011

3. kez hospitalize

Şikayeti:

- ✓ Ateş
- ✓ Yemek yiyememe
- ✓ Yutma güçlüğü
- ✓ Ses kısıklığı

Olgu

26.08.2011 3. kez hospitalize

Fizik muayene:

- ✓ Ateş 38.2 C^0
- ✓ Sağ tonsil hipertrofik (peritonsiller abse?)
- ✓ Orofarenkste yoğun sekresyon
- ✓ Boyunda, çene altıda, kulak arkasında, koltuk altı ve inguinal bölgede çok sayıda ağrılı LAP
- ✓ Solunum sıkıntılı, takipneik
- ✓ Solunum sesleri yaygın kaba, ronküsleri var
- ✓ Batın serbest, hepatosplenomegali var

Olgu

Laboratuvar testleri

- ✓ BK 5000
- ✓ Hb 8.7
- ✓ Trombosit 123000
- ✓ CD4 2
- ✓ CD8 39
- ✓ HIV RNA 4x 10^5

Olgu

Kranial MR :

- ✓ Bilateral frontoparietalde en kalın yerde sol arka parietalde yaklaşık 1cm. ye ulaşan, yoğun içerikli subdural effüzyon, bilateral serebral hemisferlerde ve tentoryumda durada belirgin kalınlaşma ve kontrast tutulumu
- ✓ İnterhemisferik fissürde belirgin dural kalınlaşma ve kontrast tutulumu
- ✓ Bilateral serebral hemisferlerde hemisferik kortikal sulkuslar da silik olarak izlenmiştir.

Toraks BT:

- ✓ Pretrakeal, subkarinal, prekarinal en geniş yerinde 4 cm. ölçülen, yer yer konglomerasyon gösteren multipl LAP
- ✓ Sağ akciğer üst lobunda plevraya uzanan fibrotik yapılanma ve traksiyon bronşektazisi izlenmekte
- ✓ Her iki akciğer üst lobunda subplevral bül formasyonları dikkati çekmekte
- ✓ Kesit dahilinde dalak boyutları artmıştır.

- ✓ Meropenem
- ✓ Teicoplanin
- ✓ Lipozomal Amfoterisin B semptomlar geriledi

Taburcu edilirken

- ✓ Truvada kaletra
- ✓ Flukanazol 1x 400 mg
- ✓ Profilaksiler

Olgu

JOURNAL OF CLINICAL MICROBIOLOGY, Feb. 1998, p. 458–461 Vol. 36, No. 2
0095-1137/98/$04.00+0

First Identification of Autochthonous *Cryptococcus neoformans* var. *gattii* Isolated from Goats with Predominantly Severe Pulmonary Disease in Spain

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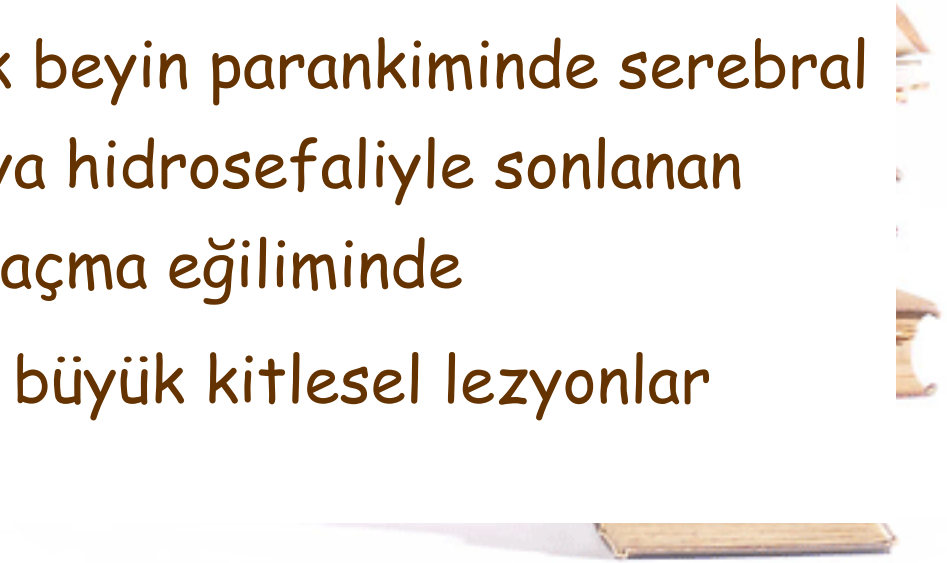
Received 7 July 1997/Returned for modification 28 July 1997/Accepted 23 October 1997

Keçiler ve HIV/AIDS

Cryptococcus **s growing in various tropical and subtropical reg trains of *C. neoformans* var. *gattii* in Spain is reported. These strains were isolated from lung (10 samples), liver (1 sample), and brain (2 samples) tissue specimens from six goats suffering from predominantly severe pulmonary disease that were autopsied. The animals were members of five different herds of goats grazing in rural areas of the province of Cáceres (Extremadura, Spain). Between 1990 and 1994, there were five outbreaks, in which between 2.5 and 12% of the goats were affected. Although respiratory symptoms (pneumonia) associated with cachexia were the predominant clinical picture in all outbreaks, brain and liver involvement was also documented in three of the five outbreaks. Biotyping was performed by culturing the isolates on L-canavanine-glycine-bromothymol blue medium and testing them for the assimilation of D-proline and D-tryptophan. Serotyping by agglutination tests confirmed the characterization of all strains as *C. neoformans* var. *gattii* serotype B. This is the first confirmation of the presence of this variety in Spain, with a peculiar ability to produce severe pulmonary and systemic disease in normal goats, particularly in the form of outbreaks of pneumonia in association with cachexia.**

C. gattii İnfeksiyonları

- ✓ Öncelikle immünokompetan konakta saptanmakta
- ✓ Tropikal ve suptropikal bölgelerde okaliptüs ağaçlarının yaygın olduğu bölgelerde görülmekte
- ✓ Meninkslerden çok beyin parankiminde serebral kriptokokkoma veya hidrosefaliyle sonlanan infeksiyonlara yol açma eğiliminde
- ✓ Birlikte akciğerde büyük kitlesel lezyonlar bulunabilir



I. ULUSAL
OKALİPTÜS SEMPOZYUMU

BİLDİRİLER KİTABI

EDİTÖRLER:

Comunicación invitada

REVIEW OF THE FAST GROWING FOREST TREE SPECIES IN TURKEY

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Summary

The fast growing species have 50 year-old political and 35-40 year-old scientific background in Turkey. *Eucalyptus camaldulensis Dehn., E. grandis W.Hill., Pinus pinaster Ait., P. radiata D. Don.*, hybrid poplars, some clones of *Populus deltoides Bartr. ex Marsh. and P. nigra L.* are the most important species for obtaining a great deal of progress in

Resumen

Revisión de especies de crecimiento rápido en Turquía

Los antecedentes de la utilización de especies de crecimiento rápido en Turquía tienen se remontan a 50 años y en los últimos 35-40 años se ha abrodado desde un punto de vista científico. *Eucalyptus camaldulensis Dehn., E. grandis W.Hill., Pinus*

(Ayan ve Sivacioglu, 2006).