



→ Abstracts

The neurologic phenotype of South African patients with HIV-associated neurocognitive impairment

Background The neurologic manifestations of HIV include a spectrum of HIV-associated neurocognitive disorders and a cluster of neurologic symptoms and signs. The neurologic manifestations have been modified but not eradicated by antiretroviral therapy (ART). We describe the neurologic phenotype in South African patients with predominant HIV-1 subtype C infection on ART and its association with neurocognitive impairment and efavirenz and 8-hydroxy-efavirenz concentrations.

Methods We conducted a cross-sectional analysis of the neurologic examination findings of HIV+ patients with neurocognitive impairment and used multiple linear regression to explore associations with neurocognitive impairment, efavirenz, and 8-hydroxy-efavirenz pharmacokinetics (plasma and CSF).

Results We included 80 participants established on ART (median 40 months) of which 72 (90%) were women. The median age was 35 years (interquartile range [IQR], 32–42), and the median Global Deficit Score was 0.94 (IQR 0.63–1.36). We found associations between neurocognitive impairment and neurologic signs: gait (slow walking speed [$p = 0.03$; $R^2 = 0.06$], gait ataxia [$p < 0.01$; $R^2 = 0.21$], and abnormal gait appearance [$p < 0.01$; $R^2 = 0.18$]); coordination (upper limb bradykinesia [$p < 0.01$; $R^2 = 0.10$] and lower limb bradykinesia [$p = 0.01$; $R^2 = 0.10$]); reflexes (jaw jerk [$p = 0.04$; $R^2 = 0.05$] and palmomental response [$p = 0.03$; $R^2 = 0.06$]); ocular signs (impaired smooth pursuit [$p = 0.01$; $R^2 = 0.09$] and impaired saccades [$p < 0.01$; $R^2 = 0.15$]); and motor signs (spasticity [$p \leq 0.01$; $R^2 = 0.15$] and muscle weakness [$p = 0.01$; $R^2 = 0.08$]). No significant associations were found between plasma and CSF efavirenz or 8-hydroxy efavirenz concentrations and any neurologic sign.

Conclusion We found that individual neurologic signs were associated with neurocognitive impairment in South African HIV+ patients with predominant HIV-1 subtype C infection on ART and could be used in clinical practice to assess severity.

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Primary CNS lymphoma initially diagnosed as vasculitis

Purpose of review A vasculitic pattern of injury seen on brain biopsy can be attributed to a multitude of primary or secondary disorders, leading to diagnostic challenges for clinicians.

Recent findings We initiated a comprehensive stepwise protocol to maximize patient inclusion and safety and efficiency outcome measures. This retrospective cohort study reviews the dosing process.

Summary Analyzing diagnostically challenging cases can increase the recognition of PCNSL and improve outcomes in this rare condition.

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