

Poster presentation

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## Incidence of neurological manifestations as AIDS defining clinical conditions in Brazil

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### Background

Around 10% of the patients infected by HIV have neurological symptoms as the first manifestation of AIDS, during the evolution of the HIV infection neurological signs and symptoms occur in more from 50% and 75 to 90% have neurological findings at autopsy. SNC opportunist infections or primary neoplasias occur in patients with less than 200 cel/mm<sup>3</sup> of CD4. The epidemiologic vigilance for AIDS in Brazil is done having as reference the notification of the cases in more advanced stage of the HIV infection. The system of vigilance and notification of the AIDS in Brazil had many changes during the 25 years of the epidemic. In 1986 it was introduced the first AIDS case definition, in 1989 it was introduced the Caracas criteria, in 1996 it was introduced of the criteria of death and in 1998 was introduced the criteria of CD4 < 350. The instruments of notification are forms that are present in the health services, specific for each type of disease. AIDS, HIV positive pregnant woman (among others diseases) are reportable. Studies describing the opening of the AIDS with neurological manifestation are little frequent in the literature. The objective of this study was to evaluate the incidence of neurological manifestations as AIDS defining clinical conditions in the Hospital de Clinicas (UFPR) a university hospital.

### Methods

It was studied retrospectively the data from the system of notification (SINAN) of the epidemiology service of the Hospital de Clínicas, Universidade Federal do Paraná (HC-UFPR). This data is from the notification forms of the cases of AIDS in adults. The period studied was from January of 1985 to December of 2007.

### Results

In the period studied 2,269 cases of AIDS were notified. Neurological manifestations as opening of AIDS were found in 283 cases (12.5%). The more frequently disease notified was neurotoxoplasmosis in 214 cases (9.4% of the cases of AIDS and 76% of the cases with neurological manifestation); *Cryptococcus neoformans* in 88 cases (4% of the cases of AIDS and 31% of the cases with neurological manifestation) and progressive multifocal leucoencephalopathy (PML) 4 cases (0.2% of the cases of AIDS).

### Conclusion

The CNS manifestations are frequent as AIDS defining clinical conditions, of these neurotoxoplasmosis is the most frequent. Facing these clinical manifestations the patient serological state for HIV must be investigated. The diagnosis of AIDS through the diagnosis of neurological

opportunistic infections demonstrates a late clinical suspicion of this infection.

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