Crytococcal meningitis and cerebral toxoplasmosis in a patient with acquired immunodeficiency syndrome.

Sir: We were very interested in the short report of Bahls and Sumi1 about the documented simultaneous infection of the central nervous system with Toxoplasma gondii and Cryptococcus neoformans in an AIDS patient. We have also observed an association on the same underlying disease. A 26 year old homosexual man was admitted with fever, cough and meningitis. Transbronchial biopsy, blood and CSF cultures showed Cryptococcus neoformans. CD4/CD8 lymphocytes ratio was under 0.2. Serum sample was LAV/HTLV III antibody positive by two different techniques (ELISA, Western blot). Despite amphotericin B and 5-fluorocytosine in combination, seizures and confusion with right hemiparesis appeared. The cranial computed tomographic scan revealed three ring-enhancing mass lesions. Echoguided neurosurgical puncture of the left parietal mass lesion allowed brain biopsy which showed Cryptococcus neoformans (PAS stain). The patient died 4 weeks later. Toxoplasmosis serological and CSF tests were non-diagnostic. Brain culture from mice after intraperitoneal inoculation were positive for Toxoplasma gondii.

This new case emphasises the possibility of an infectious agent hiding another. Brain biopsy is indicated in such patients because of the lack of correlation between clinical presentation, CT scan appearance of mass lesions in the central nervous system, isolation of an infectious agent anywhere and the specific diagnosis of mass lesions.2 In this case, however, despite a brain biopsy in an affected area, it was not very useful, because routine haematoxylin and eosin stain was negative for T.gondii, and culture from laboratory animal was necessarily slow. The immunohistological staining with peroxidase anti-peroxidase stain methodfast and specific diagnosis procedure for T.gondii must be recommended, particularly in immunodeficient patients needing a rapid and specific diagnosis, critical to the directing of appropriate and urgent therapy for a potentially curable condition.

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References