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HIV infected patients in C.H.U. Oran and Cryptococcal meningitis

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Introduction: Cryptococcal meningitis in HIV-infected patients is an important fungal pathogen in immunocompromised patients. A retrospective study was conducted to investigate the occurrence of Cryptococcus neoformans infection in patients admitted to the disease infections over one year-period. During this period, Cryptococcal meningo-encephalitis was diagnosed in 23 individuals. The median age of the patients under study was 39.25 years. There was a male preponderance in our report. Typical presentations were, persistent headaches (27 cases/36), neck stiffness (16/36), altered consciousness (14/36), fever (12/36) and convulsions (9/36). High mortality was related to delayed diagnosis. Cryptococcal meningitis highly contributes to mortality in HIV-infected patients and it may occur in patients not severely immunocompromised patients. A need exists to improve strategies for clinical management of AIDS patients

Materials & Methods: Between January, 2013, and June 2014, 1099 takings were sent in the service of parasitology, among which 201 cases were of LCR, 23 cases of cryptococcose.

Results: Prevalence of the meningo-encephalitis cryptococcose in the patients infected by the HIV was 0.4%. His/Her frequency practically decreased while it was 2.09% for the ten years. The average age of the patients was 36±4.5 years old.

Discussion: The man is preferentially touched. The average deadline (extension) of evolution of the symptomatology before hospitalization represented one week. The mode of installation of the disease is progressive with no specific clinical signs, fever, headache, generally frontal, temporal or retro-orbitaires and resistant to analgesic, it is necessary to keep in mind that too. In severely immunosuppressed patient, with a rate of CD4 lower than 200 by mm³, any suspicion of meningitis has to make us look for a cryptococcose. These figures found, allowed to review the evolution of this pathology in region, Algerian West. The isolation of the cryptocoque in the cerebrospinal fluid allows asserting the diagnosis of neuromeningeal cryptococcose with certainty. The main cytochemical anomalies in some cerebrospinal fluid (LCR) were the CSF Protein (95.4% of the cases), hypoglycorachie (91%) and hyperlymphocytose (100%). The search (research) for Cryptococcus neoformans in the LCR in the direct examination after tint (coloring) in India ink has 100% specificity and a very high sensibility. The search (research) for Cryptococcus neoformans was positive in 72.7% of the cases and after culturing in Sabouraud added with chloramphenicol in every case (100%). An evolution most of the time mortal, in this study the death arose in 54.5 % of the cases.

Conclusion: The fight against the neuromeningeal cryptococcose necessarily has to cross (spend) by the systematic search (research) for this affection in the subjects of HIV+ presenting headaches, the prescription of effective systematic antifungals and by a primary prevention resting (basing) on an extension of the access to anti-retrovirals.

Biography

Benmansour Zakaria is a Doctor in University of Medical Sciences Oran Algeria in parasitology and mycology medical laboratory. He is a researcher in the laboratory of infectious diseases and biologically active substances in the faculty of medicine of Oran Algeria. His research work focuses on molecular fungal and virology and vaccinology and did his PhD from parasitology and mycology department of medicine of Oran Algeria. His research included works on mycology and parasitology infections.

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