



Weill Cornell Medical College



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2014 DSS CASE #6

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CLINICAL HISTORY

- A 49-year-old woman from Honduras was admitted with a 3week history of headache, right-sided weakness, and progressive altered mental status
- MRI demonstrated two ring-enhancing lesions and edema
- Patient diagnosed with HIV/AIDS
 - CD4 count of 38 cells/microliter
 - Viral load of 375,000 copies/mL
- Underwent a biopsy of the left parietal region
- Discharged on sulfadiazine and pyrimethamine but was noncompliant

CLINICAL HISTORY

- Admitted to Ben Taub General Hospital (Houston, TX) with altered mental status and RUE/RLE weakness
- Repeat MRI showed worsening of the brain lesions:



• Biopsy slides obtained from the outside hospital....

BIOPSY FINDINGS



Meningeal and parenchymal inflammatory infiltrate, perivascular inflammation, gliosis

BIOPSY FINDINGS



Mononuclear inflammation, gliosis, intracellular structures

BIOPSY FINDINGS



THEIR DIAGNOSIS? YOUR DIAGNOSIS? DIFFERENTIAL DIAGNOSIS?

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DX: CHAGASIC MENINGOENCEPHALITIS

AKA, TRYPANOSOMA CRUZI MENINGOENCEPHALITIS

ADDITIONAL STUDIES



Giemsa-stained and H&E sections showed rod-shaped kinetoplasts of the amastigote form

CSF showed flagellated parasites consistent with trypomastigote forms of *Trypanosoma cruzi*

ADDITIONAL STUDIES AND FOLLOW-UP

- Serologic confirmation
- CSF and serum PCR were positive for *T. cruzi* and negative for *Toxoplasma*
- ECG and echocardiogram were negative for Chagas cardiomyopathy
- Patient treated with benznidazole and antiretroviral therapy



Prior to treatment



Six months after treatment

CHAGASIC ENCEPHALITIS

- Most often due to reactivated Chagas disease in patients from South and Central America and Mexico
- May reactivate secondary to HIV/AIDS or in other immunocompromised states (following organ transplants)
- Characteristics features are multifocal, necrotizing lesions with many amastigotes and mass effect. This pseudotumortype presentation has been referred to as a brain "chagoma".
- Mortality of 79-100%

DIFFERENTIAL DIAGNOSIS IN THE CNS



Doug Miller. Modern Surgical Neuropathology (2009)



Greenfield's Neuropathology (2008)



Greenfield's Neuropathology (2008)



CHAGAS DISEASE IN THE UNITED STATES

- The CDC estimates up to 300,000 individuals in the US have Chagas disease (<u>http://www.cdc.gov/parasites/</u> chagas)
- US vectorborne cases of Chagas are very rare but do happen
- Current treatment regimens vary and may include benznidazole or nifurtimox

 The FDA recommends one time testing of donated blood products in US donors

HELP IS AVAILABLE!

http://www.cdc.gov/parasites/chagas/health_professionals/index.html



TAKE HOME POINTS

- 1. If MRI findings resemble PCNSL or toxoplasmosis, consider chagasic meningoencephalitis particularly in at-risk populations
- When histologic findings resemble CNS toxoplasmosis, consider reactivated Chagas disease.....
- 3. Chagas disease is not uncommon in the United States
- 4. The CDC is an important resource in these cases.
- 5. Infarcts are common in chronic Chagas disease

RESOURCES AND REFERENCES

RESOURCES

- CDC: <u>http://www.cdc.gov/parasites/chagas/health_professionals/index.html</u>
- Texas State Department of Health: https://www.dshs.state.tx.us/
- WHO Neglected Diseases: <u>www.who.int/neglected_diseases/diseases/chagas/en/</u>

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THANKS!!





Texas Department of State Health Services: Infectious Disease Control Unit https://www.dshs.state.tx.us/idcu/