Epstein-Barr virus infection presenting as encephalitis in HIV—Phenomenon not seen frequently

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Abstract
Epstein-Barr virus (EBV) infection can rarely present as encephalitis in HIV patients. We report a case of a 22-year-old female patient, diagnosed to have HIV infection 8 years back. She presented with headache and altered behavior for a week and focal fits for 2 days. Neurological examination was unremarkable. Cerebrospinal fluid (CSF) examination revealed lymphocytic pleocytosis with raised protein. EBV was detected in CSF using polymerase chain reaction test. Magnetic resonance imaging of the brain revealed T2/fluid-attenuated inversion recovery hyperintensities involving the left frontal cortex, left thalamus, and right medial temporal cortex. The patient was started on antiviral therapy considering the diagnosis of EBV encephalitis. The patient completely recovered over the next few weeks.

Key words: Encephalitis, Epstein-Barr virus, HIV

Introduction
Patients with HIV infection are at higher risk of developing herpes central nervous system (CNS) infections. Among herpes viruses, cytomegalovirus, herpes simplex, and Epstein-Barr virus (EBV) are known to cause CNS infections in HIV-positive patients. EBV is a B-lymphotropic virus that is associated with a variety of lymphoid malignancies in immunocompromised patients.
The effect of highly active antiretroviral therapy on EBV viral encephalitis in HIV-infected patients can be due to infections of the CNS in HIV.

Case Report

We report a case of a 22-year-old female patient, diagnosed to have HIV infection 8 years back. She was on antiretroviral therapy (ART) for the last 8 years. The patient had not been taking ART regularly for the last 2 years. Her CD4 count had gradually fallen to 238/mm³ from 520/mm³ over 2 years. She presented to us with complaints of headache and altered behavior for a week and focal fits for 2 days. She had holocranial, throbbing headache associated with episodes of vomiting. She was irritable and showed no interest in her surroundings. The mother found her muttering to herself for the last few days. She was scared and believed that someone wanted to kill her. Later, she had multiple fits in the form of right-sided facial twitching and clonic jerky movements of the right upper limb. There was no history of fever, neck pain, or loss of consciousness. Neurological examination was unremarkable. Her routine blood investigations were normal. CD4 count was 238/mm³. Cerebrospinal fluid (CSF) examination revealed total cell count of 30/mm³ with lymphocytic predominance. CSF protein was 68 mg/dl, while sugar was 72 mg/dl. On further testing, EBV was detected using polymerase chain reaction (PCR) test. While tuberculosis PCR, virology (including herpes simplex, varicella-zoster, cytomegalovirus, and JC virus), syphilis, toxoplasma serology, cryptococcal antigen, bacterial, and fungal cultures were negative in blood and CSF. The quantitative viral assay showed a high level of EBV in CSF (42,864 copies/ml). Magnetic resonance imaging of the brain revealed T2/fluid-attenuated inversion recovery hyperintensities involving the left frontal cortex left thalamus and right medial temporal cortex [Figures 1 and 2]. The patient was started on antiviral therapy with valganciclovir considering the diagnosis of EBV encephalitis. The patient completely recovered over the next few weeks. She was discharged on antiepileptic and ART.

Discussion

Viral encephalitis in HIV-infected patients can be due to HIV per se and various other opportunistic pathogens. Cytomegalovirus and herpes simplex are the commonest viral infections of the CNS in HIV.

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Case Reports

Vulvar syringoma: A rare cause of pruritus vulvae
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Abstract
Syringomas commonly occur in women over the face, neck, and chest. They are usually asymptomatic and mainly of cosmetic concern. The vulva is an uncommon site for syringomas. A 45-year-old woman had asymptomatic lesions over the face, of 28 years duration and presented with vulvar papules, associated with severe pruritus for the past 2 months. Clinical and histopathological examination confirmed them to be syringomas. Coexistent facial and vulvar syringomas are rare. Further, vulvar syringomas presenting as pruritus vulvae is still rarer. We report a case with severe pruritus vulvae causing sufficient distress to seek medical care, which is remarkably unusual.

Key words: Female, genital, lichenification, pruritus, syringomas, vulvar

Introduction
Syringoma is a benign eccrine tumor, commonly seen in adult females, though they may appear in adolescence. They present as multiple, small, 1–3 mm sized, flat‑topped or dome‑shaped papules, occurring bilaterally symmetrically over the face, neck, and upper chest.

Vulvar syringomas are rarely reported in the literature. There may be co‑existing facial syringomas, or they may occur as a part of a more generalized eruptive pattern. Pruritus is more commonly reported in vulvar syringomas than over extragenital sites.

We report an unusual case of coexistent facial and vulvar syringomas who presented with severe pruritus vulvae. Incidentally, her sister also was noted to have facial syringomas.

Case history
A 45-year-old married woman presented with a history of skin lesions and severe itching over genitalia for the past 2 months. Pruritus was unrelated to menstruation and treatment with oral antihistamines, topical steroid/antifungal creams in the past gave her only partial relief. She had also noted multiple asymptomatic skin lesions over the face for the past 28 years, that had gradually increased in number. She gave a history of similar facial lesions in her sister. On detailed examination, there were multiple skin colored, smooth, mostly flat‑topped, and a few dome‑shaped, soft papules

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