



(CASE REPORT)



Atypical psychosis in a person living with HIV: A case report

Alejandro Checa * and Eliana Navas

Eugenio Espejo Specialties Hospital, Mental Health Unit, Quito, Ecuador.

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Abstract

Introduction: An organic disorder is defined as psychiatric syndromes, the fundamental manifestations of which are the direct consequence of a known anatomophysiological alteration of the brain. HIV is a neurotropic virus, which infects the central nervous system early. Despite the widely known high prevalence of HIV-related brain atrophy, the presence of psychotic symptoms is rare.

Case report: This is a 28-year-old patient with a recent diagnosis of HIV with Western Blot in 2017, his diagnosis was made in a mental health center due to psychotic symptoms, an imaging study with simple tomography of the brain was performed with the result of frontal atrophy and occipital, in a young adult patient with no history of head trauma, hemorrhagic or ischemic events, as well as; Central nervous system infections are ruled out.

Conclusions: This is a disorder with chronic psychotic symptoms in a patient with cortical atrophy secondary to HIV infection.

Keywords: Psychosis; Atypical; HIV; Brain atrophy

1. Introduction

An organic disorder is defined as psychiatric syndromes, whose fundamental current manifestations are the direct consequence of a known anatomophysiological alteration of the brain, which implies an intrinsic impairment of its ability to support normal mental activity (1). HIV is a neurotropic virus, infecting the nervous system early in the course of the disease (2). As our understanding of changes in the neurological system has improved, it has become clear that patients who have contracted the human immunodeficiency virus (HIV) can experience a cascade of neurological problems, including neuropathy, dementia, and cortical atrophy (3). Despite the widely known high prevalence of HIV-related brain atrophy, the presence of psychotic symptoms is rare (4). Psychosis can occur at any time during the course of HIV disease and complicate its treatment and is usually transient (5). Chronically presenting psychotic symptoms associated with HIV are rare in clinical practice (6).

2. Case report

This is a 28-year-old patient with a recent diagnosis of HIV with Western Blot in 2017, his diagnosis was made in a mental health center where he was hospitalized for psychotic symptoms in which he presented aggressiveness, visual and auditory hallucinations of Persecutory type, an image study with simple tomography of the brain was performed with the result of frontal and occipital atrophy. Subsequently, he is taken to a neuropsychological evaluation that reports moderate deterioration of executive functions and recall memory, with the rest of the higher mental functions preserved. It should be noted that until the onset of psychotic symptoms, he did not present an important personal pathological history such as head trauma, hemorrhagic or ischemic events, as well as; Central nervous system infections

* Corresponding author: Alejandro Checa

are ruled out. There has been no evidence of negative symptoms of schizophrenia, which has been ruled out. Similarly, it has been verified that there is no family history of mental illness. During that year, he received treatment with different antipsychotics starting with risperidone, then with quetiapine and haloperidol with no response, to finally start clozapine with a slight improvement in symptoms, due to drug interaction with antiretrovirals with the tenofovir/emtricitabine and lopinavir/ritonavir scheme discontinuing clozapine with the consequent exacerbation of the psychotic symptoms, he remains on treatment with risperidone 1 mg twice a day and valproic acid 250 mg 3 times a day to date without achieving adequate control of the psychotic symptoms.

3. Discussion

The main targets for HIV infection of the central nervous system are microglia and macrophages; it is believed that the neurotoxic effects of HIV result mainly from its ability to induce inflammatory factors that cause neuronal cell damage and eventual apoptosis (7). In the case of this patient, he is a young adult who does not show previous personal pathological history that could explain the frontal and occipital atrophy, so it can be attributed to a consequence of HIV infection. In imaging studies, specifically computed tomography, 30% of subjects who present psychotic symptoms have cortical atrophy (8). This is consistent with what was evidenced in this clinical case. Cortical atrophy is related to HIV-associated neurocognitive disorders (9). HIV dementia is considered a severe multidomain impairment of higher mental functions (10). However, in this case, in the neuropsychological evaluation, only two impaired domains are evident, which satisfies the criteria for HIV-associated neurocognitive disorder but not for dementia-AIDS complex. Psychotic disorders are found more frequently in the advanced stages of HIV infection and are usually transient, with a prevalence range of 0.2% (11). These types of disorders are usually infrequent and difficult to manage, as has been noted in this case, so their documentation is important.

4. Conclusions

This is a disorder with chronic psychotic symptoms in a patient with cortical atrophy secondary to HIV infection.

Compliance with ethical standards

Acknowledgments

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Disclosure of conflict of interest

The authors declare that there are no conflicts of interest.

Statement of informed consent

The informed consent of the participant was obtained, as well as the authorization of the Authorities of the Hospital's competent ones.

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