

Clinical and laboratory characteristics of hospitalised patients with neurological manifestations of HIV/AIDS at the Nairobi hospital

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Abstract:

OBJECTIVE: To determine the profile of clinical and laboratory characteristics of hospitalised HIV positive patients with neurological complications at a private hospital in Nairobi, Kenya from January 2000 to June 2005. **DESIGN:** Retrospective observational study. **SETTING:** The Nairobi Hospital, Nairobi, Kenya. **SUBJECTS:** One hundred and fifty hospitalised patients. **RESULTS:** Records of 708 HIV positive hospitalised patients were reviewed, 150 patients had neurological complications; giving a six-year point prevalence of 21.2%. Males were 86 (57.3%) and females 64 (42.7%) M:F ratio = 1.3:1. Mean age was 38.84 years. The five commonest neurological complications were; cryptococcal meningitis 33 (22%), encephalitis 28 (18.7%), cerebral toxoplasmosis 19 (12.7%), stroke 19 (12.7%) and tuberculous meningitis 16 (10.7%). Overall, 72 patients (63%) had CD4+ counts done. Cryptococcal meningitis patients' CD4+ count, (mean 60, median 17, range 1-273/cmm). Encephalitis patients' CD4+count, (mean 82, median 54, range 3-495/cmm). Cerebral toxoplasmosis patients' CD4+count, (mean 59, median 58, range 11-120/cmm). Stroke patients' CD4+ count, (mean 120, median 30, range 15-394/cmm) and Tuberculous meningitis patients' CD4+ count, (mean 67, median 62 and range 12-154/cmm). The other rare neurological manifestations included peripheral neuropathy, HIV associated dementia (HAD), myelopathy and myopathy amongst others. One hundred and eight (72%) patients were on anti-retroviral therapy. The commonest drugs used in various regimen combinations included efavirenz and combivir. Fourteen (9.3%) patients died while in hospital; eight of them were among those with the top five neurological complications. **CONCLUSION:** The findings show that patients come to hospital when severely immune compromised and hence have overwhelming opportunistic infections. The profile of opportunistic infection is comparable to that observed in studies elsewhere. Some of the facts observed here may not reflect the situation in public health institutions where resources are scarce. **Recommendation:** To do a multi-centre prospective study of neurological manifestations of HIV/AIDS