

TUBERCULOSIS/HIV CO-INFECTION WITH NEUROLOGICAL COMPLICATIONS AND UNFAVORABLE OUTCOME

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Background. Tuberculosis/HIV co-infection remains a major cause of morbidity and mortality among immunocompromised patients. Disseminated TB forms and opportunistic neurological infections, such as meningitis, may evolve rapidly, requiring extensive differential diagnosis and early multidisciplinary intervention.

Objective(s). To present a complex case of tuberculosis/HIV co-infection with severe neurological complications and fatal outcome, highlighting the diagnostic and therapeutic challenges encountered.

Materials and methods. A retrospective clinical case study was conducted based on the analysis of the medical file of a patient with TB/HIV co-infection. Clinical and paraclinical data were collected, including laboratory tests, CSF analysis, brain imaging, EEG, treatment regimens, and the evolution of vital parameters and neurological status throughout hospitalization.

Results. A 63-year-old HIV-positive man (CD4=38 cells/ μ L, viral load=3,420,000 copies/mL) was hospitalized with infiltrative tuberculosis (AFB: 4/100 bacilli). Due to seizures, brain CT revealed advanced lesions. CSF was opalescent with protein 0.72 g/L, glucose 3.4 mmol/L, 100% lymphocytes, positive Cryptococcus antigen (titer 1:640), and negative Xpert MTB/RIF. CMV and *Candida albicans* were detected in sputum and CSF. Diagnoses included cryptococcal meningitis, mixed encephalopathy, structural epilepsy, and disseminated tuberculosis. Antituberculous drugs, IV fluconazole, and antiretrovirals were administered. The outcome was fatal.

Conclusion(s). The case highlights the diagnostic and therapeutic difficulties in tuberculosis/HIV co-infection with multiple comorbidities. Early initiation of antifungal and antituberculous therapy, along with neurological monitoring, is essential for improving the patient's prognosis.

Keywords: disseminated TB, HIV infection, cryptococcal meningitis

ACUTE PULMONARY EMBOLISM ASSOCIATED WITH LEFT ATRIAL INTRACAVITARY THROMBOSIS – INCIDENTAL IMAGING FINDING

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Background. Acute pulmonary embolism (APE) is a severe cardiovascular condition characterized by obstruction of pulmonary circulation by thrombotic material. In rare cases, it may be associated with intracavitary thrombi, such as those located in the left atrium, increasing the risk of complications.

Objective(s). Clinical presentation of bilateral acute pulmonary embolism associated with a left atrial intracavitary thrombus, incidentally found in an elderly patient with pneumonia.

Materials and methods. The case of a patient with moderate community-acquired pneumonia and associated chronic heart failure was evaluated. During antibiotic treatment, the patient experienced a clinical and paraclinical worsening (D-dimers 9.38 mg/l, CRP-74.2mg/l, fibrinogen-7g/l), initially interpreted as a worsening of pneumonia in an elderly patient with comorbidities.