

## **THE GRAND MALL SEIZURE- THE INAUGURAL EVENT TO SEROPOSITIVE PATIENTS WITH CEREBRAL TOXOPLASMOSIS**

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We are presenting the case of a 27 years old male, admitted at the clinic for seizures and altered consciousness and postcritical paretic right limb motor deficit. The examination revealed muscle weakness in the right limb, muscle hypotonia, diminishing tendon reflexes and positive Babinski reflex on the right side. The CT revealed a 22/17 mm spontaneous hypodense area left parietal supraventricular, diffuse delimited with digitiform aspect without pathological contrast outlets in favor of tumor mass. A contrast RMI showed in the FLAIR sequence disseminated infra and supratentorial areas with nodular appearance, with dimensions between 2 mm right occipital, 10mm mesencephalic and 33 mm area left parietal. Post-contrast was observed a capture ring at the left posterior parietal area, with late gadophilia, 13 mm size, suggestive for toxoplasmosis /cysticercosis. The blood analysis were within the normal range, the ESR rate was 35mm/hour. During hospitalization, treated with anti-epileptic and steroids, the motor deficit was remitted. The laboratory investigations showed positive HIV serology, toxoplasma gondii antibodies titer significantly increased. It was established the diagnosis of cerebral toxoplasmosis; HIV infection in the disease stage.

The patient now follows treatment with antiretrovirals and anticonvulsants.

The clinical evolution was neurologically favorable without recurrence of epileptic seizures.

The conclusions of the expert studies show that to HIV-positive patients, seizures occur in the context of cerebral toxoplasmosis in a proportion of about 30 to 31 % .Is difficult to assess to what extent their sudden onset in a patient infected with HIV may raise suspicion of cerebral toxoplasmosis.