

A Rare Case of Dizzines

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Case History: Female patient, 50 yrs, came to ED for vertiginous syndrome and weight loss. She reported gradual postural instability, dizziness and vomiting for about three months. Headache and dizziness persisted, so she carried out haematochemical examination and brain CT scan without contrast medium, which showed multiple areas of tissue hypodensity surrounded by digitiform oedema suspicious for metastasis. Assuming a metastatic oncological pathology, she was admitted to Internal Medicine department for further investigation: new haematochemical examinations, which showed lymphocytopenia (400 u/L), oncomarkers dosage and total body CT scan with contrast medium. Due to the lymphocytopenia, haematochemical tests to exclude an infectious origin of brain lesions, were needed. It resulted positive for HIV-Ab and IgG for Cytomegalovirus and toxoplasma. CT images were reassessed and considering HIV-Ab positivity, the suspicion of *Toxoplasma gondii* brain abscesses was raised. So, she started empirical antibiotic therapy with Cotrimoxazole, carried out an MRI and then transferred to the Infectious Diseases Department, where after 10 days of empirical antibiotic treatment, she started HAART therapy.

Discussion: *T. gondii* is a parasite that can infect humans in various ways including ingestion of raw meat or water contaminated with cat faeces. Toxoplasmosis in HIV-positive patients is usually a consequence of reactivation of the parasite's tissue cysts, and cerebral toxoplasmosis is a major cause of morbidity and mortality in HIV-infected patients.

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