

# CASE PRESENTATION

Dr Farai Russell Sigauke

SA HIV Clinicians Society Conference 2018

# History

Ms E.M. a 25y.o. Female

## Background History

### 1. *Retroviral positive*

-FDC (TDF/FTC/EFV{600mg}),

-CD4 =366, VL=LDL

-No Previous Hx of TB/INH

### 2. *Previous admission X1 for gastritis 3/12 ago*

c/o

Poor balance for 6 months, associated with nausea and vomiting, LOW but no cough, no fever

# Examination

## General

-Emaciated, weight of 35kg, normal vitals signs

## CNS

-no neck stiffness

-Higher function: blunt affect, slow mentation, GCS 15/15

-limbs: hypotonia, global power +4/5, normal reflexes

-Cerebellar

V	A	N	I	S	H	D	D	T
+	+	-	+	+	+	+	+	+

Ataxia: limb and truncal

# Investigations

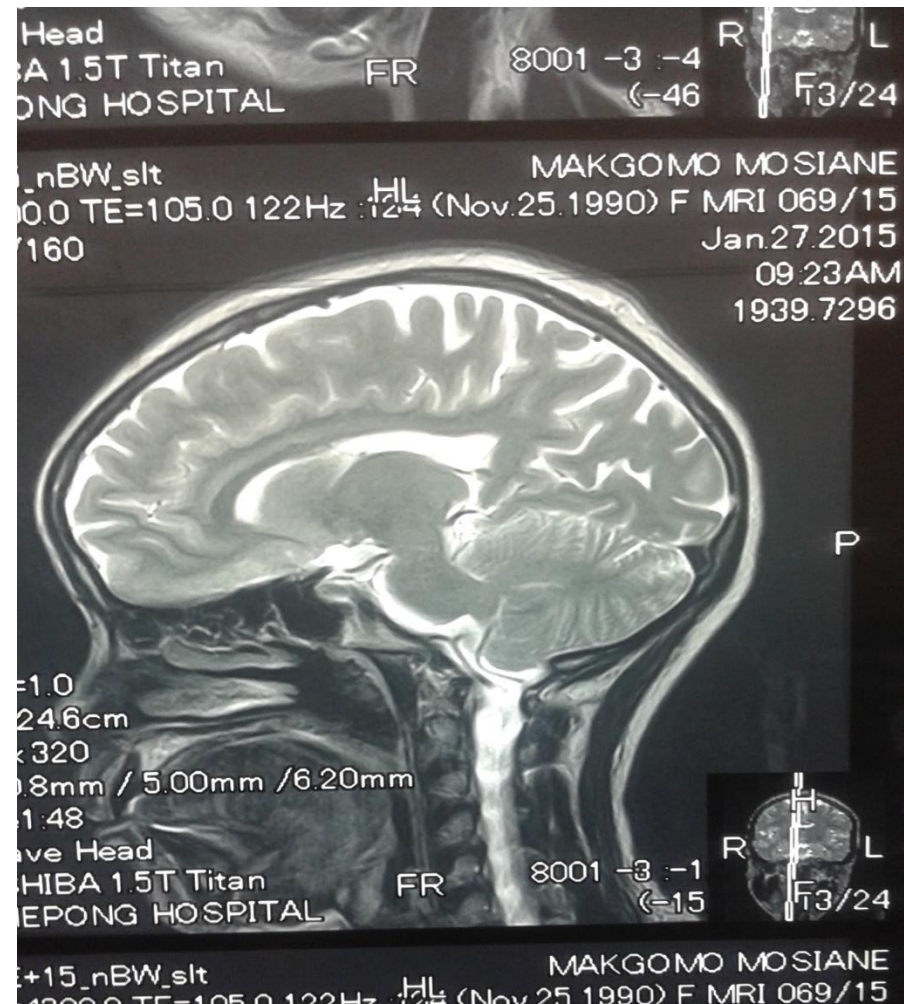
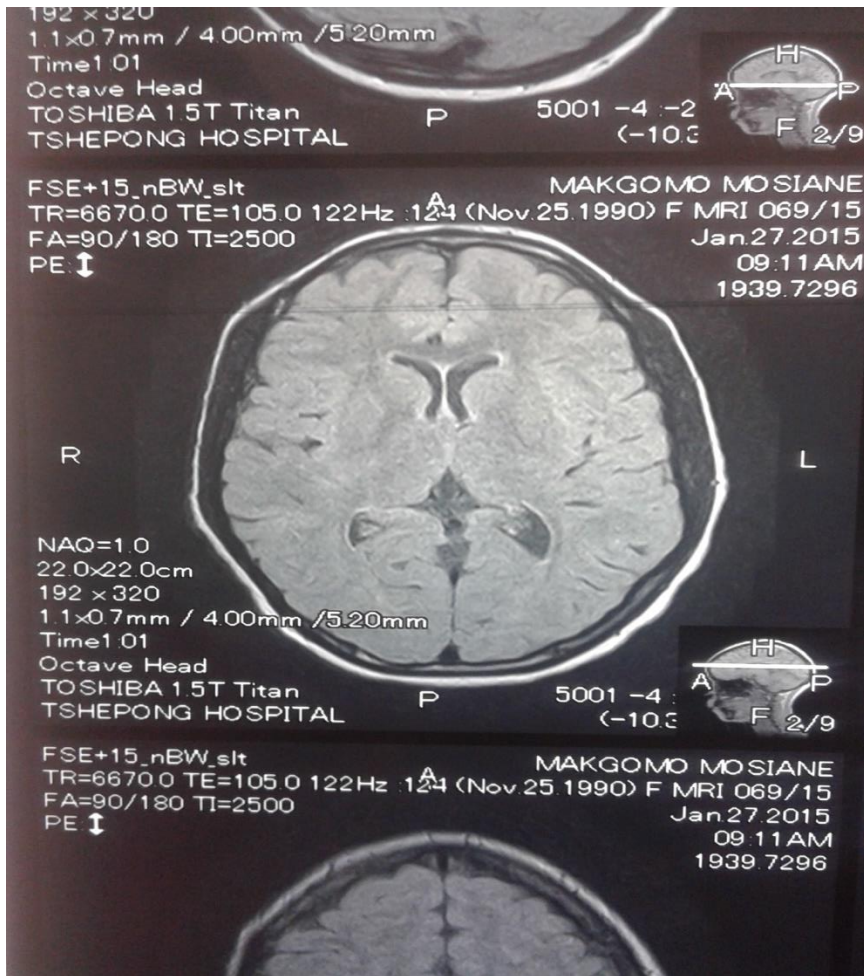
LABS	RESULT
FBC	normal
U&E	normal
LFT	normal
CSF	normal
Syphilis	negative
TSH	Normal
Vitamin B12	normal

IMAGING	RESULT
CXR	normal
USS Abdomen/Pelvis	normal
MRI Brain	normal

Special Tests	Results
Viral Studies(HSV/CMV/EBV)	All IgG positive IgM negative
SCA genetics	negative
Drug level (Phenytoin/ Carbamazepine)	nil

# Investigations

## □ MRI



## Late Efavirenz-Induced Ataxia and Encephalopathy: A Case Series

*Ebrahim Variava, MD,\*†‡ Farai R. Sigauke, MD, MSc,\* Jennifer Norman, BPharm,§  
Modiehi Rakgokong, PN,‡ Petudzai Muchichwa, MD,\* Andre Mochan, MD, FCPNeuro(SA), †||  
Gary Maartens, MD, FCP(SA),§ and Neil A. Martinson, MD, MPH‡¶*

- Described 20 women who were on efavirenz for a long period of time who present with:
  - 1) Ataxia
  - 2) Encephalopathy
  - 3) Underweight
  - 4) Toxic Efavirenz concentrations
  - 5) Recocovered on efavirenz withdrawal
  - 6) Recurrence with reintroduction of efavirenz



efavirenz (e)

Psychiatric symptoms or hx of psychiatric event at some point	20 pts
Acute Psychosis	9
Delirium	4
Mood disorder	2
schizophrenia	1
Seizure	1
None	3

Encephalopathy (E)

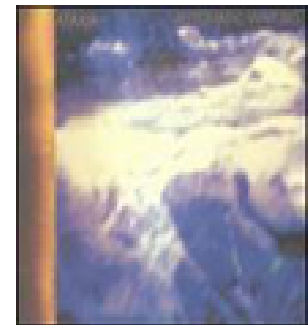
## eEATS

Ataxia	
Truncal severe	11
Limb	5
combined	4

Ataxia (A)

Efavirenz concentration	20 pts
>20mg/L	15
10-20mg/L	3
5-10mg/L	2
Mediantime to collection	19hours (17-40)

Toxic (T)



Syndrome (S)

# Case Progression

1. eEATS suspected bloods for EFV plasma levels taken.
2. EFV was stopped and LPV/r was given.
  - eEATS resolved in 2 weeks .
3. liver dysfunction...?LPV/r. ART stopped for a month.
4. Low dose EFV 400mg.
  - Recurrent eEATS in 2months, ↑ EFV concentration, (?slow metaboliser)
5. Changed to ATV/r. Resumed duty after 4 months.
  - Last review -TDF/FTC/ATV/r  
CD4+= 871, VL=LDL, Weight 61kg



# Outcome

- At one month post diagnosis



# Outcome

- At 4 months post diagnosis



# Recommendations

- High Index of suspicion for *eEATS* in patients who present with late neuropsychiatric manifestation on EFV
- Slow metabolisers of CYP2B6 polymorphism: 17-20% of the population
- Treat *eEATS*: Consider stop EFV immediately, do levels and switch to either another NNRTI, PI or INSTI.
- Dolutegravir replacing EFV in high income countries
- FDC with with low dose EFV(400mg).

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