

Stroke in Tuberculosis: Some Untold Aspects in Children



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Perspective

The infection in endemic regions of HIV/AIDS with Tuberculosis has increased the incidence of pulmonary tuberculosis with negative cultures and extra pulmonary aspects of this disease [1]. Besides the risk for primary or reactivation of tuberculosis is increased in these patients [2], intracerebral mass lesions of TB were more common in HIV-infected group, accounting for a significant amount of extra pulmonary patients [3,4].

Stroke was reported to be a complication of acquired immunodeficiency syndrome of HIV/AIDS [3]. In addition, stroke is an important clinical entity regard the etiology. Moreover, in cases of infection of TB the hazard ratio of ischemic stroke is about 50 percent times greater than the general population [5,6].

Stroke in tuberculosis, especially in tuberculosis meningitis occurs in 15-57% of patients. The role of inflammatory processes such as arthritis with damage of the blood brain barrier because of the activity of cytokines, which requires more studies to elucidate the development of these agents on stroke in TB patients [7].

Immune Reconstitution Inflammatory Syndrome (IRIS) could aid the development of stroke in patients with and receiving Antiretroviral Therapy. The most frequently reported IRIS symptoms in response to previously treated or partially treated infections include reports of clinical worsening and recurrence of clinical manifestations of Mycobacterium tuberculosis, possibly occasioned by a vacuities associated with the restoration of the immune system in patients starting HIV medication or with long periods without treatment [8].

Besides the presence of tuberculosis M, other opportunistic infections such as Cryptococcosis, Herpes Simplex 1 and 2 infection, syphilis and toxoplasmosis increase the likelihood of episodes of stroke [9]. Reports of cases mainly describe adult patients with

typical presentation of meningitis with normal values of CSF and location of tuberculosis infection in the Central Nervous System, but a myriad of presentations (and even Stroke opening the case of HIV and Central Nervous System Tuberculosis) can occur and not be reported [9]. Therefore, tuberculosis should be considered possible cause of stroke in HIV-positive patients and treatment should start as soon as possible to avoid obscure consequences.

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