Low back pain and fever as the first symptoms of AIDS: case report

Carlos Umberto Pereira¹, Alyne Andrade Lima², Stephanie Chagas Feitosa²

Department of Medicine, Federal University of Sergipe (UFS), Service of Neurosurgery, HUSE, Aracaju, SE, Brazil.

ABSTRACT

Each year, the number of acquired immunodeficiency syndrome (AIDS) cases increases significantly. The first symptoms of HIV infection can be variable, which difficulties the diagnosis at this stage. We report the case of a male patient, 46 year-old, presenting lumbar pain and fever for five days, no more complaints. Neurological examination and computed tomography (CT) of the lumbar spine normal. Serology for HIV showed positive. It started antiretroviral therapy obtaining resolution of the previous condition. The majority of HIV-infected patients present acute retroviral syndrome (ARS) early in infection. This syndrome includes nonspecific symptoms as fever, fatigue, arthralgia, myalgia, headache and anorexia. In seropositive patients, pain is a common symptom, but poorly treated. The pain main appear in all stages of the disease, more frequent in advanced ones. The main sites of pain are head, legs and lower back. The symptomatic treatment of pain should be initiated quickly, even though the etiology is not possible. The treatment of pain in HIV patients may be diverse and requires polytherapy in most of cases. It is necessary to keep a high level of suspicion in all patients who presents compatible symptoms and reports recent risk behaviors. The early diagnosis and treatment are the key to good quality of life for these patients.

KEYWORDS

Acquired immunodeficiency syndrome, diagnosis, low back pain.

RESUMO

Dor lombar e febre como primeiros sintomas de SIDA: relato de caso


PALAVRAS-CHAVE

Síndrome da imunodeficiência adquirida, diagnóstico, dor lombar.

¹ Professor, Department of Medicine, Federal University of Sergipe (UFS), a neurosurgeon at the Emergency Hospital of Sergipe (HUSE), Aracaju, SE, Brazil.
² Medical Student of UFS, Aracaju, SE, Brazil.
Introduction

The number of people infected with HIV has increased in recent years. According to the World Health Organization (WHO) estimates that in 2010 there were 34 million people infected, while deaths number 1.8 million at the same year.1

The period between HIV infection and the manifestation of acquired immunodeficiency syndrome (AIDS) is not well defined and can last for months and even years. The initial symptoms presented differ greatly among patients and can range from fever, malaise, lethargy, anorexia, arthralgia, headache and generalized lymphadenopathy.7 In this paper, we describe a case for AIDS who had presented pain and fever as first symptoms.

Case report

Patient, male, 46-year-old, married, businessman, previously healthy. The patient presented to emergency department because of a five-day history of moderate low back pain and fever; he had not headache or vomiting. On examination, the patient was in a good general evaluation, presenting fever, his temperature was 38.5°C. Neurological examination showed no focal deficits. Urinalysis for suspected urinary tract infection showed normal results. Computed tomography (CT) of lumbar spine showed normal. HIV serology performed by ELISA test present positive result that was confirmed by Western Blot test. The test to detect viral load showed 4,000 copies of HIV viruses per ml. The CD4 count was 330 per mm³. In this paper, we describe a case for AIDS who had presented pain and fever as first symptoms.

Discussion

Most HIV-infected patients suffer from acute retroviral syndrome (ARS) at the beginning of the infection. This syndrome includes nonspecific symptoms flu-like as fever, fatigue, arthralgia, myalgia, headache and anorexia.3,4 Events occurring during ARS are important to determine the natural course of the disease.4 The diagnosis of ARS provides an opportunity to reduce opportunistic infections, introduce antiretroviral treatment at the right moment and prevent infection of the patient’s partner.5

The diagnosis of ARS may be not so that easy. Sometimes the tests for viruses detection can be false negatives. Therefore, it is necessary that health professionals keep a high level of suspicion in all patients with compatible symptoms and who report recent risk behavior.8,9

The medical literature describes a wide range of clinical manifestations of primary infection, with fever and rash as the main signals.8 Neurological manifestations as brachial neuritis, peripheral neuropathy, facial palsy, lymphocytic meningitis and encephalopathy were also observed.9

In HIV seropositive patients, pain is a debilitating symptom very common, but it is still underestimated and poorly treated.10 Among them, women relate more pain than men.11 The pain may appear in all stages of the disease, more frequently in advanced ones, and its prevalence is as high as in oncoligic patients.12 Progression to the final stage of the disease is influences by the severity of the symptoms of primary HIV infection, the duration of the disease and the presence of neurological symptoms.13

The different components of pain may vary according to the mode of transmission and disease treatment. It was seen more reports of pain in patients injecting drug users compared to other modes of transmission.14 Besides the difference in pain intensity, pain sites also differ according to type, for example drug users present more pain as esophagitis and headache while non-users have more pain related to Kaposi’s Sarcoma. The common sites of pain in both categories are abdominal and neuropathic.15

The pain can also present as a clinical manifestation of common mental disorders in primary infection with HIV, mainly headache, back pain and abdominal pain that may be atypical or show little response to treatment.16

The main sites of pain in HIV positive patients are head, legs and back.17 Low back pain in immunosuppressed patients can be explained as a symptom of ARS, as a manifestation of neuropathy or even as a possible symptom of Kaposi’s Sarcoma and vertebrae lesion and spinal compression.18

In the case reported, the symptoms low back pain and fever are included in the symptoms of primary HIV infection, most likely manifestation of ARS. The suspicion for HIV infection was highly significant to the problem determination.

Symptomatic treatment of pain should be started even IF the diagnosis isn’t completed, to preserve the patient. In case of etiological treatment is not possible, it should remain symptomatic treatment.19 The treatment of pain in HIV patients may be quite diverse. The answer to only one drug is not very effective and it can
be necessary using multiple agents as amitriptyline, gabapentin, morphine and cannabis.  

The variety of early symptoms of AIDS is a point that should be carefully studied. The HIV viruses tests must be done in patients who present nonspecific symptoms as pain without apparent cause, especially in groups considered at risk. It is important to point AIDs as differential diagnosis in these cases.

Diagnosis and early appropriate treatment are the key to a good quality of life to patients. A multidisciplinary approach to pain management should be instituted, so it increases the chance of good recovering.

Competing interests

The authors declare that they have no competing interests.

References


Endereço para correspondência
Carlos Umberto Pereira
Av. Augusto Maynard, 245/404
Bairro São Jose
49015-380 – Aracaju, SE, Brazil
E-mail: umberto@infonet.com.br