





Chorea secondary to human immunodeficiency virus infection

Coreia secundária à infecção pelo vírus da imunodeficiência humana

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A 55-year-old woman presented with facial and cervical chorea for 3 months (video). She had a previous history of traumatic right facial nerve palsy but no comorbidities or current medication use. Brain magnetic resonance imaging (MRI) was performed (► **Figure 1**). Cerebrospinal fluid analysis was unremarkable. Serum tests were positive for human immunodeficiency virus (HIV) type 1 with 1.877.056 viral copies and T-CD4 lymphocyte count of 35/mm³. Darunavir, ritonavir, dolutegravir, and lamivudine were initiated. After 4 months, chorea showed resolution (► **Video 1**). Chorea is a rare manifestation of HIV infection.^{1,2} Differential diagnoses like neurosyphilis, Huntington disease, and Wilson disease should be ruled out.²

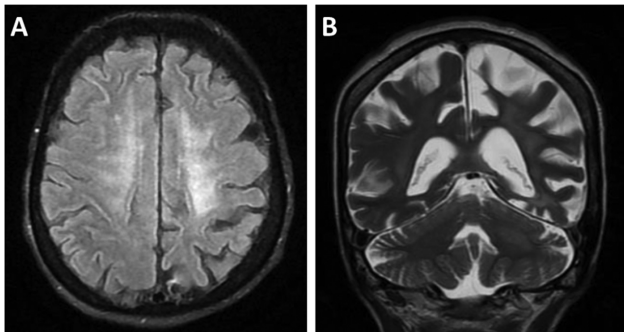


Figure 1 (A) Magnetic resonance imaging with axial T2/FLAIR sequence shows nonspecific hyperintensities in the white matter. (B) Coronal T2-weighted sequence shows brain volumetric reduction predominantly on the left parieto-occipital region, hyperintensities in the white matter, and moderate dilatation of supratentorial ventricular system with prominence of the cerebral sulci and basal cisterns.

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Video 1

Patient with chorea before treatment for HIV and without chorea after treatment with antiviral therapy. Online content including video sequences viewable at: <https://www.thieme-connect.com/products/ejournals/html/10.1055/s-0043-1771170>.



Authors' Contributions

AEAF: conceptualization, data curation, formal analysis, investigation, validation, writing – original draft; AM: investigation, writing – original draft; CCDD, HAGT: investigation, supervision. All authors read and approved the final manuscript.

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Conflict of Interest

The authors have no conflict of interest to declare.

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