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Neurocysticercosis and HIV Infection

Neurocisticercosis e infección por VIH

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Dear Editor,

We thank Drs Joob and Wiwanitkit for their commentary on our paper[1]. We agree with them—both neurocysticercosis (NCC) and human immunodeficiency virus (HIV) are not uncommon in many tropical countries and co-infection has only been reported sporadically. For this very reason, we reviewed all published cases of NCC and HIV co-infection to determine whether we could clarify their relationship[2].

The study from Tanzania[3] was included in our study, and it suggested that HIV and NCC were not associated, as the prevalence of NCC was similar among HIV-positive and HIV-negative individuals. The autopsy study from Brazil[4] was also cited in our paper[2] and, effectively, as stated by Joob & Wiwanitkit, the fact that HIV/AIDS was the main underlying cause of death when NCC was an associated cause is compelling and highlights the need to better understand the relationship between these two infections.

Regarding the frequency of asymptomatic NCC among individuals with HIV, although we were able to find only two published cases of this phenomenon, it is probably not uncommon, as is the case among HIV-negative individuals[5,6]. The case reported by Agaba and colleagues[7] is interesting, but cases of subcutaneous cysts associated with asymptomatic NCC have also previously been described among individuals without HIV[8,9]. To date, there is no evidence to suggest that subcutaneous cysts are more or less common among individuals with HIV.

Finally, we would also like to emphasize that, in a very recent publication, a study from South Africa examining the imaging characteristics of HIV/NCC co-infection reported that the published cases differed substantially from their local cases[10]. Therefore, we would suggest that researchers examine local cases in case-control studies to provide further evidence, to better understand the relationship between the two infections.

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