Spontaneous intraspinal hematoma in HAART-naïve-patient with HIV

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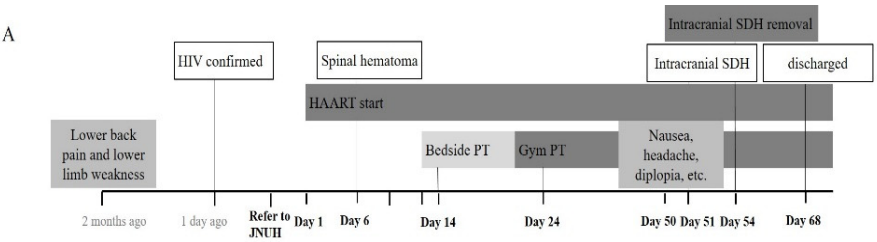
Spinal subdural hematoma (SDH) is a rare and serious complication, this occur in patients with risk factors such as anticoagulation, coagulation disorder, lumbar puncture, postoperative sequelae, and vascular malformation. There are a few case reports of subdural hematoma in patients with human immunodeficiency virus (HIV), especially in condition with thrombocytopenia. However, it has never been reported in highly active antiretroviral therapy (HAART)-naïve patients with HIV without hemostatic abnormalities in worldwide. We recently experienced a case of spontaneous spinal and cerebral SDH in patient HAART-naïve-patient with HIV. A 38-year-old man was referred due to HIV infection. He developed lower limb weakness and upper back pain two months before admission, with no history of trauma or acupuncture. On admission, he had a mental status with Glasgow Coma Scale of E4M6V5, and blood pressure of 105/65mmHg, pulse rate of 65/min, respiration rate of 14 breaths/min, and body temperature of 36.4°C. On patient's laboratory findings were normal (Figure 1A). The patient' CD4+ T cell counts and HIV RNA load were 32/mm^3 and 779, 000 copies/mm^3, respectively. He was started HAART (Bictegravir/emtricitabine/tenofovir alafenamide one tablet every 24 hours). Additionally, he had no opportunistic infectious disease. On the 9th of admission days, the patient was diagnosed with a intraspinal subacute hematoma with early subacute stage (Figure 1B and C). He was managed rehabilitation without surgical intervention. His back pain and lower extremity muscle strength resolved after one month. On the day 68th of admission days, the patient recovered and was discharged. Spontaneous intraspinal SDH without trauma history is has been never been reported in patients with HIV without hemostatic abnormalities. Infections or inflammatory conditions can lead to abnormal bleeding. These can disrupt normal blood vessel function and increase the risk of hemorrhage. Although HIV-induced spontaneous SDHs are most often due to thrombocytopenia, the patients with HIV may occurred without risk factors.



	Normal	Admission days	Day 6	Day 12	Day 18	Day 22	Day 32	Day 54
WBC (/μL)	4,000–10,000	27,000	2300	6400	7400	4400	2900	3700
Platelet (10^3/μL)	150–450	206	127	233	237	339	254	237
PT INR	0.88–1.20	1.09						1.17
aPTT (seconds)	20.0–36.0	35						33
CD4+ T cell (%)	28.4–56.4							
CD4+ T cell (μL)	N/A	32	63	124	172	168	129	265
HIV RNA load (copies/mm^3)	Not detected	779,000		2020	489	525	299	256