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An unusual cause of acute delirium in a septogenarian with Alzheimer's dementia

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Introduction.– *Case.*– A 73 year old man presented acutely with a two-week history of increased confusion, on a background (probable) Alzheimer's dementia. Initial workup was unremarkable bar a mild leucopenia. This prompted further investigation for the cause of his delirium, included HIV serology. HIV antibody and antigen tests were positive. Additional testing indicated early infection with associated seroconversion. HIV RNA level (viral load) was extremely high (> 10 million copies/ml), and cerebrospinal fluid protein was elevated. These parameters improved spontaneously (prior to initiation of anti-retroviral therapy), as did the patient's clinical condition.
Text.– HIV may be associated with acute confusion through a variety of mechanisms. Both acute encephalopathy and aseptic meningitis have been described in the context of HIV seroconversion. Additionally, patients with HIV may develop chronic cognitive impairment, on a spectrum from mild cognitive and motor deficits to HIV-associated dementia [3]. Such patients are likely to be vulnerable to delirium, similar to persons with cognitive impairment of other aetiologies. This is the first case report of a patient with pre-existing degenerative dementia, presenting with a superimposed delirium secondary to acute HIV infection. An index of suspicion should be maintained in any patient presenting with delirium. In Ireland, 10.3% of new diagnoses of HIV were in persons aged 50 years old, and 1.5% in patients aged 65 (2010 data). Underlying cognitive impairment may make patients vulnerable to risk behaviours for HIV acquisition, due to poor understanding and impaired judgment. The management of such patients may be challenging due to issues regarding adherence and behaviour modification.
Disclosure.– No significant relationships.

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A liberal blood transfusion strategy after hip fracture surgery does not increase the risk of infection in frail elderly

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Introduction.– Postoperative anaemia is common in frail elderly hip fracture patients. Blood transfusion down regulates immune responses. Numerous studies suggest that transfusions slightly increase the risk of infections. Our aim is to assess whether a liberal postoperative blood transfusion strategy increases the risk of infection.
Text.– *Patients and methods.*– One hundred and eighty-five hip fracture patients with postoperative anaemia aged 65 or older admitted from nursing home or senior housing for surgery were enrolled. The patients were randomized to two different blood transfusion strategies, a liberal and a restrictive. In the liberal strategy, transfusions were given when the hemoglobin level was less than 7 mmol/l (11.3 g/dl). In the restrictive strategy, transfusions were given at hemoglobin levels below 6 mmol/l (9.7 g/dl). During the first 30 postoperative days, C-reactive proteins (CRP), and leucocytes were determined weekly, and time to first treatment-requiring infection indicated by a positive urine culture or suspected infection.
Results.– The likelihood ratio test (LRT) of the repeated measurements of CRP showed no difference in the logarithm transformed CRP-values ($P = 0.85$) in the two groups. LRT of the repeated measurements of leucocytes showed no difference in the logarithm transformed leucocytes ($P = 0.55$). In a Cox regression model, time to first infection after surgery was similar in the two groups (Hazard Ratio 0.81 [95% confidence interval: 0.58; 1.14]).
Conclusion.– A liberal strategy of blood transfusion does not increase the risk of infection after hip fracture in the frail elderly compared to a restrictive transfusion strategy.
Disclosure.– No significant relationships.

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Chronic abdominal pain and eosinophilia, an intriguing diagnosis

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Introduction.– Chronic abdominal pain is a difficult clinical problem we see frequently. Differential diagnosis is often broad and complex. Parasitic infections are rare.
Text.– A 61-year-old ex-miner was admitted to our hospital because of worsening right-sided paralysis several months after an ischemic stroke. Besides, he complained of abdominal pain, diarrhea and flatulence since many years. This patient has a history of benign prostatic hypertrophy and arterial hypertension. Laboratory tests showed remarkable eosinophilia that was already present for many years. A chest-X-ray was unremarkable. A stool sample was collected and was positive for *Strongyloides stercoralis*. We also performed an ileocolonoscopy with biopsies. Microscopic evaluation showed numerous eosinophils in the lamina propria. Albendazole 400 mg once daily for 7 days was initiated and after this treatment the patient was relieved of abdominal discomfort and other complaints.
S. stercoralis is a rare parasitic infection. The diagnosis is often delayed because of non-specific complaints. Early diagnosis relies on a high index of suspicion. Important clues are travel/residency in an endemic region, eosinophilia and immunosuppresive conditions. Initiation of adequate therapy can lead to complete resolution in uncomplicated cases.
Disclosure.– No significant relationships.

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Fever of unknown origin among elderly

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Introduction.– Fever of unknown origin (FUO) is a challenge. A precise diagnosis can be made in 87 to 95% of cases. The most common causes of FUO among the elderly are infections. A foreign origin or travel can widen the differential diagnosis.
Text.– A 76-year-old man of Moroccan origin was admitted to our hospital. He had a persistent fever greater than 38. 5 °C since the beginning of his stay in Morocco for 3 months. Apart of the fever, he lost over 15 kg of weight. He complains of interscapular and lumbar back pain. The clinical investigation confirmed fever of greater than 38.5 °C and local tenderness to gentle spinal percussion in the areas D5-D6 and L2- L3. Laboratory tests show an elevation in the erythrocyte sedimentation rate (80 mm/h) and the C-reactive protein (2.8 mg/dl). We performed a PET-CT and MRI of the spine. This confirmed the diagnosis of spondylodiscitis at the level of D5-D6 and