

# CMV transverse myelitis in Unmanaged HIV Infection

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**Introduction:** Acute transverse myelitis (ATM) is an inflammatory spinal cord injury that may be an isolated process or caused by a secondary disease (1). Symptoms include lower limb weakness, urinary incontinence, numbness, or paresthesia. Prior to the availability of antiretroviral therapy (ART), ATM was seen in patients with primary HIV infection due to opportunistic infections (2). We present a case of ATM attributed to cytomegalovirus secondary to uncontrolled HIV.

**Case Presentation:** A 33-year-old HIV-positive male presented with lower extremity weakness and bipedal paresthesia. He had been diagnosed with HIV in 2017 but had never initiated ART due to financial constraints. His initial CD4 count was 7 cells/mm<sup>3</sup> and his viral load was 208,000 copies/mL. A viral meningitis panel detected herpes simplex virus 1 (HSV-1), cytomegalovirus (CMV), and varicella zoster virus (VZV). A cytomegalovirus DNA quantitative PCR revealed 6,381,260 IU/mL. Treatment was initiated with valganciclovir 900 mg oral twice daily for 14 days for induction therapy, bictegravir-emtricitabine-tenofovir alafenamide one tablet daily, and sulfamethoxazole-trimethoprim one tablet oral daily. His weakness and strength improved. Unfortunately, this patient was subsequently lost to follow up and the outcome is unknown.

**Discussion:** With developments in management of HIV with ART, opportunistic infections are seen less often. Our patient underscores that advanced presentations can still occur and are often secondary to gaps in education and accessibility. This case highlights the necessity for comprehensive patient education and the importance of adhering to ART regimens to maintain a high CD4<sup>+</sup> count and prevent progression of the disease.