with an abnormal neurological examination. If calcifications are seen before 2 months they are most likely due to other congenital infections, e.g. toxoplasmosis or rubella. The degree of calcification is thought to be directly proportional to the viral load and severity of encephalopathy. At autopsy a calcific vasculitis is found in 80 - 100% of cases. Imaging features are bilateral, symmetrical hyperdensities on CT involving the globus pallidus and putamen. Cerebellar calcifications have also been reported. White matter calcification may be seen, but only in association with basal ganglia calcification and almost always in the frontal lobes. MRI is not as sensitive as CT in detecting calcification and CT remains the investigation of choice.

Conclusion

Both CT and MRI are useful imaging techniques for demonstrating the atrophy associated with HIV encephalopathy. CT has the advantage in demonstrating the calcification of basal ganglia seen in vertically acquired HIV, while MRI is the modality of choice for demonstrating white matter abnormalities. A baseline CT or MRI should be performed in children with HIV as HIV encephalopathy is an AIDS-defining illness.

References


Hook line and sinker

A O Laosebikan, V Manchev, S R Thomson

Previously reported in this journal was the image entitled ‘Hook line and finger’. We would like to report that we have now found the ‘sinker’. The iron bar weighed in at 2.5 kg and was retrieved by colotomy (Fig. 1).

Fig. 1. The bar in the sigmoid colon (as seen on a plain abdominal radiograph) and at weigh-in.


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