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Abstract

Background: HIV/AIDS is a global health problem. Neurological complications may result from opportunistic infections, neoplasia, the immunological and metabolic response to HIV, iatrogenic causes or co risk factors (e.g., injection, drug use), or they may be related directly to HIV itself [2,3].

Method: A cross-sectional study was conducted in Maiduguri, Nigeria, from January 2003 to December 2009. The descriptive statistics of mean/SD and percentage were used to summarize the data. The chi-square test was used to compare the mean age between sexes.

Result: The age range was 10 to 60 years (mean, 32.38 ± 10.36 years). The female and male participants were of similar age (p<0.05) and majority were < 40 years in both sexes. The commonest individual clinical characteristics were weakness 146, fever 66 and sensory loss 73, and paraplegia 91. The mean duration of progression of weakness was (10.83 ± 8.58) days.

Conclusion: HIV/AIDS is a global health problem. Neurological complications may result from opportunistic infections, neoplasia, the immunological and metabolic response to HIV, iatrogenic causes or co risk factors (e.g., injection, drug use), or they may be related directly to HIV itself [2,3].

Introduction

Human immunodeficiency virus (HIV) invades the central nervous system early [1,2]. Neurological manifestations may result from opportunistic infections, neoplasia, the immunological and metabolic response to HIV, iatrogenic causes or co risk factors (e.g., injection, drug use), or they may be related directly to HIV itself [2,3].

Although neurological complications in HIV infection are common [4] and neurological dysfunction as the first manifestation of AIDS has been found in 10 to 20% of symptomatic HIV infections [5]. The presence of Acute Flaccid Paralysis (AFP) has been seldom reported. Despite extensive investigation over the last several decades, no single cause of AFP has been identified. Instead, the condition appears to be triggered by a variety of infectious agents, including wild poliovirus [6], non-polio enterovirus [7], campylobacter jejuni, mycoplasma pneumoniae, Epstein-Barr virus, and HIV and certain non infectious antigen as in case of Guillain-Barré Syndrome [8,9].

Deficiency in the immune system renders HIV infected patients more susceptible to wide variety of opportunistic infections and malignancies [10]. Complications such as chest infection, endocarditis, stroke and peripheral neuropathy are seen in HIV infected patients that result in functional limitations that lead to muscle atrophy, and reduce muscle physiological properties as seen in other non-HIV infected persons. HIV/AIDS is one of the major causes of mortality in sub-Saharan countries and the survivors end up incapacitated sometimes with disability; nevertheless, this can affect quality of life [11]. The magnitude of the HIV/AIDS epidemic in Africa has not been documented but available data projections suggested that the epidemic

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