

A young Afghan man with prolonged fever and headache

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A 20 year-old Afghan man residing in southern provinces of Iran during the past few months, presented with periodic chills and fever since 3 months ago. Empirical therapy for malaria had been prescribed in spite of several negative smears for malaria. He was discharged with minimal improvement, however, headache and intermittent vomiting developed 2 months later. Fever continued and he was readmitted and evaluated for FUO (fever of unknown origin) and headache. Brain (without contrast) and sinus CT scan was normal. Abdominopelvic sonography and CT scan were normal. Chest x-ray was also normal. Complete blood count (CBC) revealed normocytic normochromic anemia, despite normal WBC and platelet count. ESR was 35mm/h. Biochemistry, liver function tests, and urine analysis and culture were all within normal limits.

In physical examination, his general condition was relatively good and there was no history of weight loss during the past several months. Past medical history ruled out the possibility of immunodeficiency. PPD was non-reactive and 3 times sputum smear for acid-fast bacilli (AFB) was negative. Brain CT scan with contrast was performed and showed multiple ringed enhanced small masses (fig 1). MRI with gadolinium confirmed CT findings (fig 2). His funduscopy is also presented in figure 3.

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Now, what is your diagnosis? (The answer is on page 61)

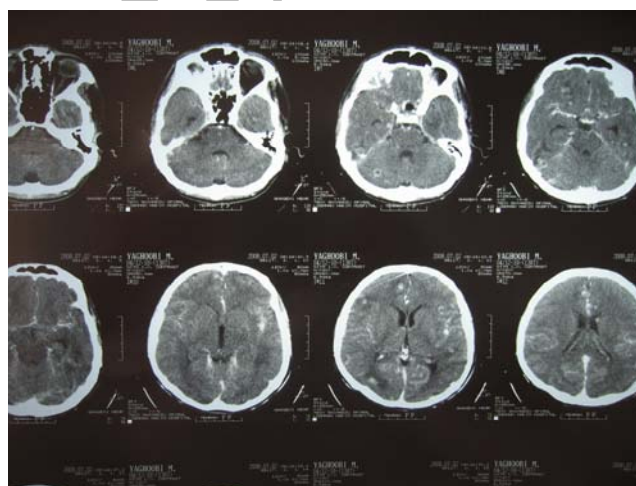


Figure 1. Brain CT scan with contrast of the Afghan man with prolonged fever and headache

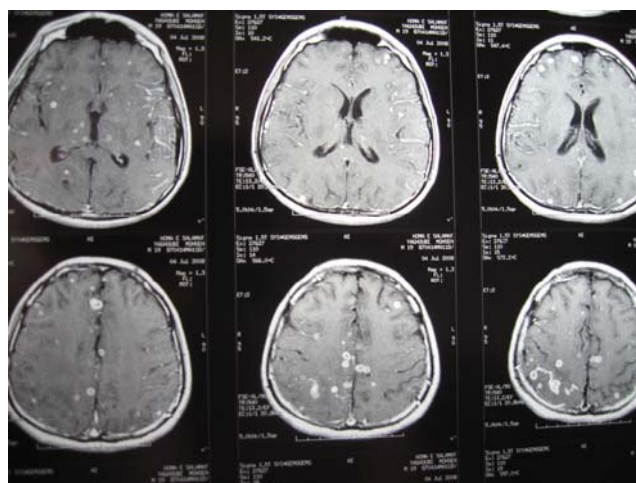


Figure 2. Brain MRI of the Afghan man with prolonged fever and headache

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Figure 3. Fundoscopy of the Afghan man with prolonged fever and headache

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