42. TOXOPLASMOSIS-ASSOCIATED LYMPHADENOPATHY: DESCRIPTION OF A SERIES OF CASES IN A REFERENCE CENTER.

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https://www.youtube.com/watch?v=0JIMP5Fyl7s&t=14564s

INTRODUCTION: Toxoplasmosis has a more severe manifestation in pregnant women and immunocompromised individuals. Up to 15% of immunocompetent individuals who have acquired the infection may be asymptomatic, however in others the symptoms may be confused with another infection and cause more severe manifestations such as ocular toxoplasmosis which is the most common cause of chorioretinitis and can lead to retinal necrosis. Considering that the clinical characteristics of lymphadenopathyrelated toxoplasmosis in Colombia have not been reported despite its high frequency, it is essential to define its clinical presentation. OBJECTIVE: The objective was to describe a series of cases, their evolution, clinical characteristics and response to treatment of lymphadenopathy due to toxoplasmosis in a first level health care institution in Armenia, Colombia. METHODS: 106 medical records with a diagnosis of toxoplasmosis-associated lymphadenopathy were reviewed from 2006 to 2022 at the Universidad del Quindío health center. Cases that met the following criteria were included: Presence of lymphadenopathies accompanied or not by fever and positive IgM or IgG anti-Toxoplasma test. Clinical presentation, accompanying symptoms and laboratory tests were analyzed. In the patients who had follow-up, the response to treatment was analyzed. RESULTS: Of 106 cases, 100 met the selection criteria, 59% male, 30% adolescent. Coinfections occurred in 3% with Epstein-Barr virus (EBV) and 2% Cytomegalovirus. The location was predominately of cervical adenopathies (83%). The main associated symptom was fever with 37%. The main treatment received was Pyrimethamine/Sulfadoxine with 37% having an adequate response. CONCLUSION: The clinical manifestations of the infection should guide us to consider the possible presence of lymph node toxoplasmosis. Timely diagnosis and treatment prevent severity and complications in our environment such as ocular involvement which greatly impacts the quality of life of the population.

Key words: Toxoplasmosis; Lymphadenopathy; Fever; T. Gondii; Colombia.