

**A STUDY OF THE PREVALENCE AND MANAGEMENT OF CRYPTOCOCCAL  
MENINGITIS IN HIV PATIENTS IN KISII COUNTY- KENYA**

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## **ABSTRACT**

Cryptococcal meningitis is a common opportunistic infection in AIDS patients, particularly in Southeast Asia and Africa. Cases can also occur in patients with other forms of immunosuppression and in apparently immunocompetent individuals. Mortality from HIV associated Cryptococcal meningitis remains high (10%), even in developed countries, because of the inadequacy of current antifungal drugs and the complication of raised intracranial pressure. Optimal current therapy is with Amphotericin B 0.7-1mg/kg/day plus flucytosine 100mg/kg/day for two weeks, followed by fluconazole 400mg/day for 8 weeks and 200mg/day thereafter. Saline loading reduces Amphotericin B nephrotoxicity. If there is no contraindication on CT head scan, repeat lumbar puncture with drainage of CSF is recommended for patients with very raised CSF opening pressure. Expansion of Antiretroviral programme raises the prospect of transforming the long term prognosis of these patients, provided that they survive the acute phase of the illness. Studies need to define more fungicidal drug regimens to improve the treatment of raised intracranial pressure.