



A STUDY ON CLINICAL PROFILE OF HIV POSITIVE PATIENTS ADMITTED IN A TERTIARY CARE HOSPITAL, GOVERNMENT GENERAL HOSPITAL, SIDDHARTHA MEDICAL COLLEGE, VIJAYAWADA, ANDHRA PRADESH

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ABSTRACT **Objective :** To study clinical profile of HIV positive patients admitted in a tertiary care hospital, Government General Hospital, Vijayawada.

Materials & Methods : This is a prospective observational study conducted at Government General Hospital, Vijayawada. Period of study is from January 2019 to June 2019. A total of 55 admitted HIV cases were studied. All patients were subjected to thorough physical examination and laboratory investigations which include Complete blood picture, urine examination, viral screening for HIV, Hepatitis B and Hepatitis C, Catridge Based Nucleic Acid Amplification Test For Tuberculosis (CBNAAT), Chest X ray , ECG, 2D Echo, CD4 count, Cerebrospinal fluid analysis.

Results : Total no of HIV patients included in study were 55. HIV patients already on treatment 42(76%). Newly diagnosed patients 13(24%). Number of male Patients 36 (65%). Female patients 19(35%). Mean age of presentation 39years in males and 38years in females. Common symptoms of presentation include fever-78%, loose stools-54%, weakness-25%, altered sensorium-18%, dyspnoea-16%, cough-11% and seizure-15%. Common neurological manifestations include meningitis, stroke, meningo encephalitis and AIDP. Common gastrointestinal manifestation is acute gastroenteritis. Mean CD 4 count in the present study was 342 cell/ μ L with indicates a trend towards early diagnosis of HIV was increasing. Mean CD 4 count present among patient with meningitis is 161 cells/ μ L and mean CD 4 count among patients presenting with acute Gastritis 289 cells/ μ L.

Conclusion: Males are predominantly involved. Involvement of Central nervous system in 33%, GIT involvement in 18%, respiratory system in 15%.

KEYWORDS :

INTRODUCTION

The Acquired Immuno Deficiency Syndrome [AIDS]was first recognized in United States in 1981 and the agent Human Immunodeficiency Virus [HIV1] was discovered in 1983¹. HIV has emerged as a major public health problem over the last three decades and India has the third largest HIV epidemic in the world .The survival of HIV patients has improved with use of highly active anti retroviral therapy [HAART]². The number of people living with HIV/AIDS has risen to 36.7 million at the end of 2016³. Effective HAART has reduced the number of deaths due to HIV/AIDS by one third⁴.

DISCUSSION

HIV mainly destroys CD4 lymphocytes. During primary infection there is significant fall in CD4 cells and viral levels may be as high as 10^6 to 10^7 viral copies/ml.

HIV infects cells bearing the CD 4 receptors; these are T- helper lymphocytes, monocyte –macrophages, dendritic cells and microglial cells in the central nervous system. It has been estimated that in asymptomatic HIV infected people more than 10^{10} virions are produced and 10^8 CD4 lymphocytes are destroyed each day. The CD4 count is the most clinically useful laboratory indicator of degree of immune suppression. Normal CD4 count is over 500 cells per micro litre. CD4 count between 200-500 cells/ micro litre have low risk of developing major opportunistic infections. CD4 count< 200 cells/ micro litre indicates severe immunosuppression and high risk of AIDS defining conditions. HIV is a neurotropic virus and invades CNS early during infection⁵.

The neurological problem that occurs in HIV infected individuals may be either primary to the pathogenic process of HIV or secondary to opportunistic infections or neoplasms. HIV 1 infection itself causes aseptic meningitis. Neuro degenerative disorders , myelopathy, peripheral neuropathy etc., Opportunistic infections include toxoplasmosis, cryptococcosis, progressive multifocal leukoencephalopathy and primary CNS lymphoma.

Oropharyngeal and GI diseases are most frequently due to secondary

infections. Among oral lesions thrush due to candida infection ,oral hairy leukoplakia due to Epstein barr virus usually indicates advanced infection with CD 4+ T cell count less than 300 per microlitre. Most common organisms leading to infections of small and large bowel include salmonella, shigella, campylobacter, cryptosporidia, isospora belli, cytomegalo virus⁶.

The current recommendation is to treat all regardless of clinical stage or CD4 count. The earlier the ART initiation , better the prognosis.

Now the recommended regimen consists of Tenofovir[TDF 300 mg] +Lamivudine [3TC 300mg] + Efavirenz [EFV 600mg]---[TLE] as fixed dose combination [FDC] in a single pill once a day.

This regimen has advantages of harmonization of treatment for all adults,adolescents, pregnant women and those with HIV-TB and HIV hepatitis co-infections. It is the simplest ,most potent and least toxic regimen that offers the advantage of a decentralized service delivery and monitoring. It also simplifies the supply chain and minimizes the monitoring requirements.⁷

The Joint United Nations Programme on HIV and AIDS (UNAIDS) is the main advocate for accelerated, comprehensive and coordinated global action on the HIV/AIDS pandemic. It was formed on 26th July, 1994. The new targets defined by the UNAIDS programme includes

1. By the year 2020, 90% of all people in the world living with HIV will know their HIV status.
2. By 2020,90% of all such people with detected HIV infection are given anti retroviral therapy.
3. By 2020.90% of all such people receiving anti retro viral therapy will have viral suppression.⁸

RESULTS :

Total no of HIV patients included in study were 55. HIV patients already on treatment 42(76%). Newly diagnosed patients 13(24%). Number of male Patients 36 (65%). Female patients 19(35%). Mean age of presentation 39years in males and 38years in females. Common

symptoms of presentation (table 1) include fever-78%, loose stools-54%, weakness-25%, altered sensorium-18%, dyspnoea-16%, cough-11% and seizure-15%. Common neurological manifestations(figure 1) include meningitis, stroke, meningo encephalitis and AIDP. Common gastrointestinal manifestation (figure 2) is acute gastroenteritis. Mean CD 4 count in the present study was 342 cell/ μ L with indicates a trend towards early diagnosis of HIV was increasing.

Mean CD 4 count present among patient with meningitis is 161 cells/ μ L and mean CD 4 count among patients presenting with acute Gastritis 289 cells/ μ L .

CONCLUSION:

Males are predominantly involved. Involvement of Central nervous system in 33%, GIT involvement in 18%, respiratory system in 15%.

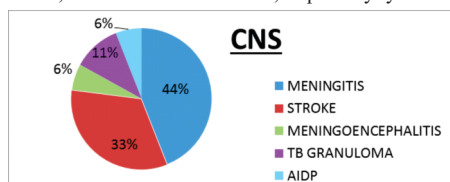


Figure 1 : Neurological manifestations

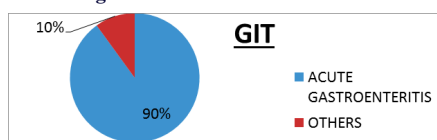


Figure 2 : Gastrointestinal manifestations.

Table 1. Symptom-wise Distribution Of Various Presentations

SYMPTOM	PROPORTION OF PRESENTATION
FEVER	78%
SEIZURES/HEADACHE	15%
LOOSE STOOLS	54%
COUGH	11%
DYSPNOEA	16%
WEAKNESS	25%
ALTERED SENSORIUM	18%

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