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Profile of opportunistic infections in patients with HIV/AIDS started on ART & its correlation with CD4 cell counts

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Statement of the Problem: India has 21.17 lakh people living with HIV/AIDS (PLHIV) in 2015. Although mortality has decreased substantially but the course of HIV is still frequently complicated by various opportunistic infections which are still the most common cause of death amongst these patients.

Methodology: It was a cross sectional, observational study done over a span of one year at PGIMER, Dr. RML Hospital, New Delhi. Patients were evaluated for any pre-existing opportunistic infections by clinical, radiological and laboratory parameters.

Results: A total of 651 patients were started on ART (64% males and 36% females). The most common route of transmission was heterosexual (95%) followed by intravenous drug abuse (3%) and 2% couldn't elicit any cause. 32, 13 and 24 patients were positive for HBsAg, Anti-HCV and VDRL respectively. The mean CD4 counts of 651 patients were 264/ μ L. 130 (20%) patients amongst these 651 developed or had opportunistic infections at the time of initiation of ART and their mean CD4 counts were 95/ μ L. All of them were on 1st line ART as per NACO guidelines (2NRTI + 1NNRTI). 95% compliance was seen in >90% of these patients. 80% of these opportunistic infections manifested after ART was started (Immune Reconstitution Inflammatory Syndrome - IRIS). The most common opportunistic infection was tuberculosis (74%) out of which 61 (45%) patients had extra pulmonary TB and 39 (29%) had pulmonary TB. 16 (12%), 11 (8%), 3 (2%), 3 (2%) had Candidiasis, Diarrhea, Herpes Zoster, Cryptococcal meningitis respectively and 1 case each of Toxoplasmosis, LRTI and Molluscum contagiosum. 14 patients died of these infections, 6 were lost for follow up.

Conclusion: Opportunistic infections especially TB is very common in PLHIV in India. Many of these infections occur as a part of IRIS, where a thorough clinical judgement and expert management is of utmost importance.

Biography

Sharwani Vijayshree Lal is currently working as a Medical Officer at a Central Government Hospital in the capital of India. She has developed sharp acumen and insight in effective diagnostical skills. Her passion for meticulous and comprehensive evaluation of a case has matured during her rewarding exposure to healthcare in hospitals and educational institutions over the years. This case explains the importance of exhaustive history taking and heedful physical examination to reach a diagnosis.

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