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The role of von Willebrand in HIV and its reduction with antiretroviral treatment in Zimbabwe

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igh levels of vWF have been associated with HIV infection and noted to decrease with ARV therapy. The monitoring of ARV treatment requires the measurement of many parameters and the vWF could be one of them. The main objective of this study was to compare the levels of vWF amongst normal subjects

(regular blood donors), HIV-AIDS patients on ARV treatment and HIV/AIDS patients not on ARV treatment to determine the prognostic and diagnostic significance of the plasma vWF. A cross-sectional study was carried out at National Blood Transfusion Services (NBTS) and CIMAS Medical Laboratories, Harare on 50 regular blood donors and 80 HIV patients in 2005. The mean vWF levels for normal subjects, on treatment and not on treatment, were 0.9, 2.1, 2.8U/ml respectively. There was a statistically significant difference between normal subjects (regular donors) and those not on treatment (p=0.0001). There was also a

statistically significant difference in vWF concentrations between those on ARV treatment and those with HIV but not on treatment (p=0.0014). There was no statistically significant difference between those who were on treatment and normal (regular donors) subjects (p=0.58). There was an association between HIV infection without treatment and high levels of vWF (x2) test, p=0.031). Although the vWF levels in normal subjects varied with age, the values were within normal reference range. Measurement of vWF levels may help in monitoring the treatment of HIV/AIDS.

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