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Diagnostic features of HIV associated lung disorders

Aysel Elman Aslanova, Elcan Mammedbekov, Nazila Murguzova, Gulzar Aliyeva, Hadiyya Hasratova, Zaur Hacımammadli, Nurivva Salimova, Avnur Gambarova, and Camal Abbasov Ministry of Health Azerbaijan Republic Scientific Research Institute of Lung Diseases, Azerbaijan

Introduction: The fight against HIV is one of the targets in our century. Thus, among the HIVinfected patients, one of the most dangerous and outstanding with its complications are those with lung pathologies. According to the clinical staging of the disease, such patients may present Tuberculosis, Pneumocystis jirovecii, Cytomegaloviruses, Candidiasis,

Toxoplasmosis etc.

Methods: The research by Scientific Research Institute of Lung Disease was carried out among the inpatient individuals in the amount of 48, 37 (77%) of them were presented with tuberculosis and 11 (23%) with interstitial lung disease (ILD).

Results: Studies were presented on HIV-positive patients who were divided by the randomization techniques. Among 37 patients with tuberculosis, 29 (78%) had AFB (acid-fast bacilli) with GExpert, HAIN methods, 6 (22%) were diagnosed by imaging methods (HRCT, chest x-ray) and serum ADA level. According to previous studies, there was no correlation between serum ADA level elevations at HIV-positive patients (p-value 0,05).

Conclusion: Among 11 patients presented with ILD Pneumocystis jirovecii was detected at 5 (45%), 3 (27,5%) were presented with daily mortality, 3 took a Co-Trimoxazole therapy diagnosed by imaging methods. Clinical effectiveness was approved by the presence of pneumocystis origin. At the second stage of the study was found a correlation between different CD4 cell count and imaging rating. Thus, among a total number of 119 HIV-positive patients, 38 (32%) had infiltration zones, 53 (44%) had destruction, 20 (17%) dissemination, 8 (7%) mediastinal lymphadenopathy. Statistic results in p-value 0,000424, thus there is a direct correlation.

ayselisma1983@gmail.com