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Diagnostic features of HIV-Associated Lung Disorders

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Introduction: The fight against HIV is one of the target in our century. Thus, among the HIV-infected patients, one of the most dangerous and outstanding with its complications are those with lung pathologies. According 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 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 wit tuberculosis, 29 (78%) had AFB (acid fast bacillius) with Gexpert, HAIN methods, 6 (22%) were diagnosed by imaging methods (HRCT, chest x ray) and serum ADA level. According to previous studies, there were no correlation between serum ADA level elevations at HIV-positive patients (p value 0,05).

Conclusion: Among 11 patients presented with ILD Pneumocystis jirovecii were detected at 5 (45%), 3 (27,5%) were presented with daily mortality, 3 took a Co-Trimaxozole 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 total number of 119 HIV-positive patients, 38 (32%) had infiltration zones, 53 (44%) had a destruction, 20 (17%) dissemination, 8 (7%) mediastinal lymphadenopathy. Statistic results p value 0,000424, thus there is direct correlation.

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