

# COPD AND LUNGS

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## Diagnostic features of HIV-associated lung disorders

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The fight against HIV is one of the targets in our century. Thus, among the HIV-infected patients, one of the most dangerous and outstanding with its complications is those with lung pathologies. According clinical staging of the disease, such patients may present Tuberculosis, *Pneumocystis jirovecii*, Cytomegaloviruses, Candidiasis, Toxoplasmosis etc. 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). 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 bacillus) 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 correlations between serum ADA level elevations at HIV-positive patients (p value 0.05). 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.

### Biography

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