

HIV-Positive People's Laryngeal Problems

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Editorial

Several studies have found that HIV-positive people are more likely than the general population to develop non-AIDS-related illnesses such as cancer, renal disease, liver disease, and others. We evaluated the incidence of laryngeal abnormalities in an HIV-positive group seeking treatment to uninfected controls in this case-control study. The goal of this study was to see if there are any laryngeal diseases that are overrepresented in HIV-positive people. Since the development and widespread availability of combination antiretroviral medication, the life expectancy of newly diagnosed HIV patients has significantly improved (cART). HIV infection is today a manageable, chronic disease, whereas it used to be a death sentence. As the occurrence of AIDS-defining events in HIV-positive people has decreased, public health and clinical attention has switched to the long-term health implications of HIV infection and antiretroviral therapy.

In fact, multiple cohort studies have found that these patients are more likely to acquire non-AIDS-related illnesses, including cancers like Hodgkin's lymphoma, liver cancer, and head and neck cancer. Kidney illness, liver disease, such as non-alcoholic fatty liver disease, diabetes, hypertension, and bone homeostasis abnormalities are other systemic disorders that are more common in HIV patients. However, because of the high frequency of risk factors traditionally linked with such diseases among people living with HIV, establishing a direct link between HIV or cART and the aforementioned problems is difficult. Older age, male gender, obesity, smoking, and bad eating habits are among them.

In comparison to controls, the majority of HIV-infected individuals had at

least one diagnosis in the Vocal cord pathology group. While the difference between HIV-positive and HIV-negative patients was not statistically significant, some specific diagnoses were found to be significantly overrepresented among HIV-positive patients. HIV patients had a higher rate of laryngeal malignancy and persistent laryngitis than the general group seeking therapy. When adjusted for gender, smoking history, and ethnicity, these differences were found to be significant in both univariate and multivariate regression models. In addition, HIV patients had a higher rate of fungal laryngitis and ulcerative laryngitis than controls. Functional voice problems, airway illnesses, and swallowing complaints were all prevalent in HIV-positive individuals. None of the diagnoses in the aforementioned groups were found to be significantly more or less common in the cohort under study. Patients with laryngeal complaints showed a similar prevalence of common diagnoses such as muscle tension dysphonia, laryngopharyngeal reflux, and dysphagia.

These factors have also been linked to common laryngeal disorders such as chronic laryngitis, laryngopharyngeal reflux, Reinke's edema, and laryngeal cancer, which has been demonstrated to be more common in HIV-positive patients than in the general population. Given the established prevalence of risk factors for laryngeal diseases in HIV-positive individuals, we expected that these patients would be at increased risk of infectious, malignant, and non-AIDS related laryngeal pathologies. We conducted a case control study comparing a treatment-seeking HIV-positive population to uninfected controls to discover if any of these illnesses are overrepresented in HIV-positive patients. HIV-positive patients seeking treatment at a laryngology clinic are more likely than HIV-negative patients to develop laryngeal squamous cell carcinoma, as well as chronic, fungal, and ulcerative laryngitis.

How to cite this article: Raman Rao, Venkat. "HIV-Positive People's Laryngeal Problems." *J AIDS Clin Res* 12 (2021): 866.

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Received 02 October 2021; **Accepted** 07 October 2021; **Published** 12 October 2021