HIV Board Review

Jason Johnson
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Clinical Presentation

- Primary infection is often asymptomatic (CD4 > 500)
- Mono-type illness (acute retroviral syndrome) may occur 2 – 6 weeks post exposure
- Usual complaints: dyspnea, cough, fever, fatigue, weight loss, diarrhea, lymphadenopathy
- Ask about high risk activities
- An absolute lymphocyte count <1,000 correlates with a CD 4 count of less than 200

Testing

- ELISA – screening
- Western Blot Assay – confirmatory

Pneumocystis Carinii Pneumonia

- High fever, nonproductive cough, dyspnea
- X-ray: early – nothing, Later – bilateral infiltrates
- ABG: early – mild hypoxia, Later – resp alkalosis
- Sputum Gram stain: diagnostic in 60%
- Bronchoscopy: lavage is 90% diagnostic
- About 50% of AIDs patients will get PCP
- Rapidly fatal if untreated
- Treatment: Bactrim or Pentamidine if allergic
- Steroids if pO2 is < 70 or A-a gradiant is > 35

Cryptococcal Meningitis

- Clinical Picture: fever (low grade), headache (may not have nuchal rigidity), and photophobia; seizures and nerve palsies
- CT scan first to rule out mass
- If negative then LP for usual studies plus India ink prep and cryptococcal antigen titer
- Serum cryptococcal antigen has 98% sensitivity
- Treatment: amphoteracin B, ID consult

Kaposi's Sarcoma

- Seen in 43% of AIDS patients
- Most common cancer and second most common opportunistic infection
- Presentation: reddish-brown or bluish-red subcutaneous nodules usually on the face and in the mouth. Painless, non-pruritic lesions with a spongy texture. Also on distal extremities.
- Immediate oncology consult is indicated.

CNS Toxoplasmosis

- Most common cause of foal encephalitis
- Clinical: fever, headache, *focal neurological signs*, altered mental status, or seizures
- CT with contrast = ring enhancing lesions, "signet ring" sign
- MRI – lesions in the basal ganglia
- Brain biopsy if CT and MRI are negative
- Treatment: Pyrimethamine and Sulfadiazine with folinic acid

Oral Candidiasis

- Usually before development of AIDS
- Usually complain of sore, dry mouth
- Raised white lacy plaques on the tongue and buccal mucosa
- Testing: KOH prep
- Treatment: clotrimazole or nystatin
- If painful swallowing – consider candidal esophagitis, which is diagnostic for AIDS

Employee exposure to HIV

- Document : date, time, body location, type of exposure, source patient, hepatitis/tetanus immunization, preexisting renal or hepatic disease
- Examine the site
- Flush with water, then soap and water, 70% alcohol or betadine
- Tetanus and hepatitis booster if needed
- Test source patient, test employee w/i 72 hours.
- Begin post exposure prophylaxis within 2-3 hours; see chart to indicate who needs it and what kind; check with ID if patient is pregnant

Misc.

- Herpes Zoster – severe and recurring
- Treat with Acyclovir (large doses)
- CMV retinitis is the most common occular complication, untreated leads to blindness
- Treat with IV ganciclovir or foscarnet