

МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
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**Інфекційні хвороби
в практиці лікаря-інтерніста:
сучасні аспекти**

*Infectious diseases in practice of physician-internist: modern
aspects*

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**FREQUENCY OF OPPORTUNISTIC DISEASES IN
PATIENTS WITH TERMINAL STAGE HIV-INFECTION**
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**ЧАСТОТА ОПОРТУНІСТИЧНИХ ЗАХВОРЮВАНЬ У
ХВОРИХ З ТЕРМІНАЛЬНОЮ СТАДІЄЮ ВІЛ-ІНФЕКЦІЇ**
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Резюме. Більшість небезпечних для життя опортуністичних інфекцій у ВІЛ-інфікованих з'являються тоді, коли рівень CD4 нижче ніж 200 клітин/мм³. Опортуністичні захворювання є найпоширенішою причиною смерті для людей із ВІЛ-інфекцією.

Topicality: HIV infection remains an urgent problem everyday. Opportunistic diseases are important in disease and life expectancy of HIV-infected.

Goal: examine the main opportunistic diseases that characteristic to terminal stage HIV infection

Materials and Methods a prospective study involved 118 HIV-infected patients who are ambulatory monitoring in the Chernivtsi regional center for the prevention of AIDS.

Results: To estimate the incidence of comorbidities in patients with terminal stage HIV.

In clinical stage IV, established in 118 patients with HIV infection was most revealing exhaustion syndrome (unwarranted weight loss (more than 10% within 6 months.) That forced them to stay in bed more than 50% of daily time.

The main opportunistic infection was tuberculosis. Its various clinical forms, including disseminated, caused lesions in 69 (58.5%) patients with clinical stage IV. The disease is characterized by severe course, atypical - in 5 cases. Such people watched bronchopulmonary symptoms (cough, hemoptysis, shortness of breath, chest pain) and signs of intoxication, lasting more than 2 weeks. Auscultation of the lungs listened breathing hard. All patients with pulmonary tuberculosis low-grade fever noted, sweating at night, loss of weight, loss of appetite. The diagnosis is confirmed by laboratory (tuberculin test) and instrumental (X-ray chest cavity) research.

It was typical concomitant herpetic infection. Thus, frequent recurrences of herpes zoster formation of "herpes tags» diagnosed in 37 (31.4%) patients. Among other opportunistic infections detected toxoplasmosis encephalitis (5.1%), cytomegalovirus infection (4.2%), and 2 (1.7%) patients - B-cell lymphoma, which is able to diagnose clinical, immunohistochemical methods and according to a biopsy. As you know, the etiological agent of said disease is Epstein-Barr virus (EBV).

Markers of hepatitis C found in 43 (36.4%) patients with hepatitis B - in 29 (24.6%), while the two viruses (mixed hepatitis B + C) - 11 (9.3%) patients.

Acute necrotizing ulcerative stomatitis found in 22 (18.6%) patients, and severe recurrent bacterial pneumonia, accompanied by 2-3 episodes in one year - in 26 (22.0%) people.

In 27 patients (22.9%) patients had central nervous system, manifested by progressive dementia, clinical signs of which are violations of behavioral reactions and movements disorders of memory and concentration, and myocardial injury, chronic heart signs failure.

HIV-associated nephropathy installed in 48 (40.7%) of 105 patients with HIV markers of kidney damage. Detailed description of this group of patients is given in section 4.

Unwarranted weight loss (more than 10% within 6 months.) Was the most common sign of IV clinical stage of HIV infection, as

established in 92 individuals (78.0%). In 34 patients (28.8%) weight loss had reached the extreme limit - HIV cachexia.

Conclusion: Thus for HIV IV stage frequent opportunistic diseases are tuberculosis, bacterial pneumonia, cytomegalovirus infection, nervous system, and the development of HIV-cachexia.