

МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ  
СУМСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ  
КАФЕДРА ІНФЕКЦІЙНИХ ХВОРОБ З ЕПІДЕМІОЛОГІЄЮ  
ГО «АСОЦІАЦІЯ ІНФЕКЦІОНІСТІВ СУМЩИНИ»

**Інфекційні хвороби  
в практиці лікаря-інтерніста:  
сучасні аспекти**

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

Матеріали Всеукраїнської науково-практичної конференції,  
присвяченої 20-річчю кафедри інфекційних хвороб з епідеміологією  
СумДУ  
(Суми, 25–26 травня 2017 року)

Суми  
Сумський державний університет  
2017

Moskaliuk Vasyl Deoniziyovych,  
Andrushchak Margarita Oleksandrivna  
**OPPORTUNISTIC DISEASES CHARACTERISTIC AT  
STAGE I-II IN HIV-INFECTED**

Department of Internal Medicine and Infectious Diseases  
HSEI of Ukraine "Bukovyna State Medical University", Chernivtsi,  
Ukraine.

*Москалюк Василь Деонізі́йович,  
Андрущак Маргарита Олександрівна*  
**ОПОРТУНІСТИЧНІ ЗАХВОРЮВАННЯ ХАРАКТЕРНІ ПРИ  
I-II СТАДІЇ У ВІЛ-ІНФІКОВАНИХ**

*Кафедра внутрішньої медицини та інфекційних хвороб  
ВДНЗ України «Буковинський державний медичний  
університет», м. Чернівці, Україна  
[r\\_andrushak@mail.ru](mailto:r_andrushak@mail.ru)*

**Резюме.** Опортуністичні інфекції є ознакою зниження функції імунної системи. Основним лабораторним критерієм оцінювання тяжкості й прогностичним перебігом ВІЛ-інфекції на сучасному етапі є визначення рівня CD<sub>4</sub>-лімфоцитів, що дає змогу оцінити стан імунodefіциту, який виникає у хворого, визначити ймовірність розвитку опортуністичних інфекцій, необхідність призначення ВААРТ.

**Topicality:** opportunistic diseases occur at different stages of HIV infection. Develop as a result of direct action of the virus or due to side effects of highly active antiretroviral therapy

**Goal:** examine the main opportunistic diseases that characteristic to I-II stage HIV infection

**Matelials and methods:** a prospective study involved 66 HIV-infected patients who are ambulatory monitoring in the Chernivtsi regional center for the prevention of AIDS

**Results.** All 26 patients with HIV infection and clinical disease stage ran usually asymptomatic. Each of them only clinical

manifestation of the disease was a "persistent generalized lymphadenopathy" (PGL), characterized by increasing, cervical and axillary lymph nodes. Typical was their bilateral symmetrical increase, from 1.0 to 2.0-3.0 cm in diameter. They were flexible, not united with the surrounding tissue and the skin over them was not changed. From the history of the disease 22 (84.6%) patients were aware that lymphadenopathy lasted more than 3 months.

In 4 (15.4%) patients experienced clinical manifestations of influenza-like syndrome. The disease begins acutely, with fever up to 38 ° C. Simultaneously appearing muscle pain, sore throat, sweating. This 3 persons detected hepatolienal syndrome rash on the body. Catarrhal were not clearly marked.

All 40 patients with clinical stage II HIV complained of fatigue, weakness, weakness. In 22 (55.0%) patients developed non-specific changes in the central nervous system, manifested pain, dizziness, sleep disorders, emotional lability.

The 21 patients (31.8%) with a concomitant diagnosis was chronic HCV-infection and less frequently - in 18 (27.3%) patients - HIV chronic infection that ran mostly without clinical symptoms. It is important that in 8 (12.1%) patients were identified markers of both of these viruses, which led to the establishment of mixed-hepatitis. Some of these patients complained of heaviness in the right upper quadrant, bitter taste in the mouth and loss of appetite. On palpation of these individuals have noted an increase in liver size of 1-2 cm.

In 5 (7.6%) patients had chronic sinusitis and other recurrent upper respiratory tract infection, especially chronic bronchitis. Affliction most people typically ran. There were bronchopulmonary symptoms and symptoms of intoxication, lasting more than 2 weeks. Patients complained of cough with phlegm. Almost all of these patients reported low-grade fever, sweating at night. The diagnosis is confirmed with help X-ray.

Simple recurrent cold sores (Herpes simplex) was noted in 4 (6.1%) patients. Clinically it is manifested prodromal symptoms (burning, itching in the area of the affected area), long course,

vesicular rash. Morphological elements evolved as follows: papule - vesicle - erosion - crust and localized on the lips, cheeks.

At deferred herpes zoster, which was the latest episode in the last 5 years, medical history indicated 2 (3.0%) patients. Initially, the disease was preceded by prodromal pain in the affected dermatology, where a few days appeared typical vesicular rash over the course of the inflamed nerve branches. Diagnosis is established based on the typical appearance of the rash. All patients complained of local pain. Confirmation of numerous episodes of this disease served on clinical symptom - formation and thinned areas, skin rash in the former - "herpes label."

In 14 (21.2%) patients revealed minimal skin lesions, often with rash, accompanied by itching and heartburn (itching papular dermatitis, seborrheic dermatitis), fungal nail infections and chronic recurrent herpetic stomatitis.

**Conclusion.** Thus among the opportunistic infections characteristic of the first and second stages of HIV infection are the most common hepatitis B and C, or a combination of mixed infection, fungal lesions and HSV infection.