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CLINICAL AND DEMOGRAPHIC PROFILE OF HIV/AIDS PATIENTS IN BLDEU'S SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE, VIJAYAPUR.

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ABSTRACT: BACKGROUND: Our aim was to study the clinical and demographic profile of patients infected with HIV infection. **MATERIAL AND METHODS:** The prospective study was conducted at a tertiary care referral teaching hospital in Vijayapur, India. The study was conducted on a group of 290 patients confirmed as HIV positive. They were studied for their clinical spectrum and different demographic parameters. **RESULTS:** The mean age of presentation was 36.32+/-12.42 years and majority of the patients belonged to the age group 31-40 years. Predominant route of transmission seen in these patients was heterosexual contact. The most common symptoms observed in the study group were fever, cough, breathlessness, diarrhea, abdominal pain. Tuberculosis and Oropharyngeal candidiasis were the most common opportunistic infections. **CONCLUSION:** The initial presentation of HIV-infected patients to health care assistance is occurring at a late stage of the disease, when signs and symptoms of immunodeficiency are already established. Efforts are necessary to construct strategies to make an early diagnosis of these patients, improve the quality of care, and guarantee the benefits of antiretroviral therapy, when it is indicated.

KEYWORDS: HIV infection, Opportunistic infection, Tuberculosis.

INTRODUCTION: HIV infection is a global epidemic. According to the UNAIDS and WHO reports there are approximately 39.4 million people living with HIV/AIDS worldwide. It is estimated that 90% of HIV infected persons live in the developing countries with Indian estimates being 5.1 million. Overall, the average prevalence rate of HIV among adults in India is about 0.9% and it accounts for 10% of global HIV burden and 65% of that in South & South-East Asia.^[1]

The clinical course of HIV infection varies considerably from patient to patient and a regional variation in spectrum of opportunistic infections has also been observed.^[2,3] Early diagnosis, antiretroviral therapy, chemoprophylaxis and treatment of opportunistic infections are important for the control of HIV replication, disease progression and ultimately containment of the epidemic.^[4]

The present study was undertaken to study the demographic profile and the various clinical signs and symptoms that point towards AIDS or towards the various diseases that constitute the AIDS defining illness in HIV seropositive cases in and around Vijayapur.

MATERIALS AND METHODS: The present study was conducted in Department of Medicine, BLDEU's Shri. B. M. Patil Medical College Hospital and Research Centre, Vijayapur. The study was performed over a period of 4 years from 2009 to 2012. All the patients tested positive for HIV

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antibody by at least 2 tests were included in the study. The cases were subjected to thorough clinical examination and investigations like complete haemogram, liver and renal function tests, sputum examination for detection of acid fast bacilli, pyogenic culture, lymph node fine needle aspiration cytology, pleural fluid examination, ascitic fluid examination, cerebrospinal fluid examination, chest roentgenograms were done according to the need.

RESULT AND OBSERVATIONS: A total of 290 patients who met the inclusion criteria were included in the study. Mean age of the patients was 36.32+/-12.42 years (range 8-60 years). Maximum number of patients were in 31-40 year age group. The male to female ratio was 2.3:1.

AGE WISE DISTRIBUTION OF CASES:

Age group	No. of cases
0-10	3
11-20	13
21-30	56
31-40	114
41-50	65
51-60	33
61-70	6

Table 1

OCCUPATION WISE DISTRIBUTION: Among male patients, majority of them were agriculturists (108) by occupation followed by drivers (48). Among the females patients 29 were housewives while 19 were agriculturists.

Occupation	Male	Female
Agriculturist	108(37%)	19(7%)
Driver	48(17%)	-
Labourer	20(7%)	9(3%)
Housewife	-	29(10%)
Business	18(6.2%)	-
Student	6(2%)	2(0.6%)
others	31(10.6%)	-

Table 2

MODE OF SPREAD: The commonest mode of transmission was due to sexual contact. 44% of patients gave history of having sex with commercial sex workers. While 29 female patients who contracted HIV infection had unprotected sex with HIV infected spouse. Vertical transmission from mother to child was seen in 3 cases.

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Mode of spread	No. of Cases
Sexual exposure to commercial sex workers	129(44%)
Parental injection	70(24%)
Unprotected sex with spouse	52(18%)
Perinatal	3(1%)
unknown	36(12%)

Table 3

SYMPTOMS AND ITS ANALYSIS:

Chief complaints	No. of cases
Fever	145(50%)
cough	58(20%)
Breathlessness	36(12%)
Abdominal pain	35(12%)
Diarrhea	34(11.7%)
Headache	29(10%)
vomitting	28(9.6%)
Fatigue/generalized weakness	22(7.5%)
Lymphadenopathy	12(4%)
Altered sensorium	10(3.4%)
Swelling of feet/hand	9(3%)
Chest pain	8(2.7%)
Neurological deficit	7(2.4%)
Itching	6(2%)
Dysphagia	5(1.7%)
Weight loss	4(1.37%)
seizures	3(1%)
Abdominal distension	2(0.6%)
Oral ulcers	1(0.3%)

Table 4

The most common symptoms observed in the study group were fever, cough, breathlessness, diarrhoea, abdominal pain. Fever was the most common symptom seen in 116 patients. Cough was seen in 58 patients while breathlessness (36), Diarrhoea (34), Abdominal pain (35) were other common manifestations. 12 patients presented with lymphadenopathy. Cervical lymph nodes were the commonest lymph nodes found to be enlarged.

OPPORTUNISTIC INFECTIONS: The commonest opportunistic infection recorded in the study group was tuberculosis. 20 patients had oral candidiasis of which 5 patients had oesophageal

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candidiasis with a presenting complaint of dysphagia. Pneumonia was present in 11 patients. 7 patients had evidence of coccidian parasitic gastroenteritis. 2 patients presented with cryptococcal meningitis. 2 patients had evidence of genital herpes both of which were female. One patient had oral herpes zoster.

Opportunistic infections	No. of Cases
Tuberculosis	49(17%)
candidiasis	20(7%)
Pneumonia	11(3.7%)
Parasitic gastroenteritis	7(2.4%)
Cryptococcosis	2(0.6%)
Herpes zoster	3(1%)

Table 5

DISCUSSION: The present study was confined to patients seeking advice at a tertiary care hospital. A total of 290 patients were enrolled into the study. The mean age of presentation was 36.32+/-12.42 years and age group most affected was between 31-40 years. This is consistent with other studies reported from India, as AIDS is a predominantly a disease of the sexually active age group.^[5-7]

Over the years HIV infection has steadily progressed among low risk population. The present study has shown that now HIV infection is not only limited to commercial sex workers and truck drivers, but it has spread to agriculturists, labourers, businessmen, and other low risk population.

The commonest mode of transmission in our study was heterosexual contact, while none of the patients gave history of homosexual relation. Heterosexual transmission remains the commonest mode since other sexual practices are very uncommon in this part of the world. Most of the females acquired the infection through their husband, who in turn got it from commercial sex workers, similar to other studies in India.^[5,6] Perinatal transmission in the present study was found to be 1%. It was lower than that reported by Vyas N et al Mother to child transmission can occur in utero, intra partum or postpartum during breast feeding.^[7]

Fever, cough, dyspnea, diarrhea, abdominal pain were the commonest symptoms seen in these patients which is consistent with the findings of other Indian studies reported in the literature.^[1,8] Majority of patients at presented with pulmonary tuberculosis as an opportunistic infection. The second most common opportunistic infection was oropharyngeal candidiasis followed by pneumonia and coccidian parasitic gastroenteritis. Three patients presented with Herpes zoster and two patients presented with cryptococcal meningitis. These findings were comparable with other Indian studies.^[1,8,9]

CONCLUSION: The present study was designed and conducted to know the clinical profile of HIV infected patients. Heterosexual contact was the commonest mode of transmission. Tuberculosis was the commonest opportunistic infection seen in the patients. It was also seen in this study that clinical profile of patients with HIV positivity were different from developed

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countries. Patients had advanced stage of HIV infection at the time of presentation. Hence, there is need for early screening and increasing awareness in healthcare providers to make a diagnosis of HIV much sooner.

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