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Case Report

When the Going gets Tough, the Tough get Going: A Case of HIV-AIDS

Muhammad Fahad Zakir*, Sawera Rafique, Fasiha Sohail, Sumera Nawaz Qabulio, Ghania Niazi, R Annum Rahim, Misbah patoli

Medicine Department, Dr. Ziauddin University and Hospital, Pakistan

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***Corresponding author**

Muhammad Fahad Zakir, Post graduate Trainee of Medicine Department, Dr. Ziauddin University and Hospital, Karachi, Pakistan, Tel: +92-333-2324002; Email: fahad_bawani@hotmail.com

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Abstract

HIV is also included one of the cause of morbidity and mortality, It can present as with many infections as it lower immunity but can present with atypical symptoms. Early diagnosis with prompt treatment including combination of anti-retroviral therapy is essential to ensure positive outcome and avoidance of complication.

Case: 37 year old male with no known comorbids, admitted with complain of weight loss for 2-3 months, fever for the past 15 day, and loose stool for 1 day.

Sexual history was positive for multiple sex partners.

On examination bilateral inguinal lymph node were palpable rest of the systemic examination was unremarkable.

On investigation, Patients hemoglobin was low (6.3), TLC (4.5), Platelet (200) Urea/Creatinine (72/1.2) ESR=46,STOOL DR =pus cell 1-2,entameoba histolytic cyst was +ve, parasite was seen. Urine DR showed, protein ++, RBC=4-6, LEUCO=8-10, Periphral Film showed microcytic, hypochromic, anisocytosis, severe iron deficiency anemia, Iron profile showed, ferritin= 11582, iron= 27, UIBC= 25, TIBC= 142, Blood C/S showed no bacterial growth

MRI Brain (screening protocol), showed small symmetrical high intensity areas on T2W images identified involving bilateral head of caudate nucleus, no diffusion restriction seen, findings likely represent early metabolic /degenerative disorder, mild atrophic changes seen in brain parenchyma which is more pronounced as compared to mention age

Anti HIV=Reactive, HIV CORE PROTEIN=Reactive.

Rest of the investigation were within normal limits including LFTS.

Inj. PIPERACILLIN +TAZOBACTAM 4.5gm 8 hourly given.

Tab sulphamethaxazole was given.

Inj omeprazole 40mg along with multivitamins.

Outcomes: Patient was advised to have CD4 count followed by treatment, but end resulted in lost to follow up.

Introduction

In developed and underdeveloped world HIV is also included one of the cause of morbidity and mortality, It can present as with many infections as it lower immunity but can present with atypical symptoms. Any atypical psychiatric disorder, especially presenting with somatic manifestations without any previous psychiatric issues, should lead to search for an organic pathology, and notably a Human Immunodeficiency Virus (HIV) infection [1]. Early diagnosis with prompt treatment including combination of anti-retroviral therapy is essential to ensure positive outcome and avoidance of complication.

In this report case of a 37 year old man with HIV has been discussed.

Case Presentation

37 year old male with no known comorbids, came to the ER with complain of weight-loss for 2-3 months, fever for the past 15 day, and loose stool for 1 day.

Acc. to pt he noticed undocumented weight loss by himself, later on developed fever, sudden in onset, intermittent, not documented, high grade, associated with chills and rigors relieved by its own, loose stool 1 episode small in amount ,watery in nature and it is not associated with abdominal pain.

Sexual history was positive for multiple sex partners.

On examination bilateral inguinal lymph node were palpable systemic examination was unremarkable.

On investigation, Patients hemoglobin was low (6.3), TLC (4.5), Platelet (200) Urea/Creatinine (72/1.2) ESR=46, STOOL DR =pus cell 1-2, entameoba histolytica cyst was +ve, parasite was seen. Urine DR showed, protein ++, RBC=4-6, LEUCO=8-10, Periphral Film showed microcytic, hypochromic ,anisocytosis, severe iron deficiency anemia, Iron profile showed, ferritin= 11582, iron= 27, UIBC= 25, TIBC= 142. Blood C/S showed no bacterial growth.

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Injection Piperacilin and Tazobactum along with tabletsulphamethaxazole was given.

While symptomatic treatment includes injection omeprazole 40mg and Multivitamin once daily.

He was advised to get CD4 Count done and followed by starting anti-retroviraltherapy but unfortunately end result was lost to follow up.

Discussion

1. The clinical scenarios of HIV-infected patients are remarkably diverse and complex. Etiological tests would be cardinal to make more definitive diagnosis for HIV-infected patients [2].
2. A similar anecdote of a homosexual man from Caribbean area was published, in whom the diagnosis of Primary Human Immunodeficiency Virus Infection had been made on the basis of psychiatric symptoms evoking a Major Depressive Episode due to uncertainty on the presence of psychotic symptoms.
3. Risk factor for occurrence of HIV infection include migration, marital status, age, alcohol use, syphilis and gonorrhoea are associated with HIV infection [3,4].
4. symptoms are nonspecific but Lack of energy was the most prevalent (65%) symptom reported.
5. HIV infection can lead to gastrointestinal symptoms [5,6]. Increased susceptibility to opportunistic infections in the gastrointestinal tract of HIV-infected individuals, is due to depletion of immune cells [7,8]. HIV infection should be considered in the assessment of patients presenting with any type of cytopenia [9]. Treatment is with HAART Therapy.

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