

CASE STUDY OF HIV RELATED CATEGORY 3 VASCULITIS

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ABSTRACT:

Human immunodeficiency virus[HIV] positive patients may develop vasculitis, either mediated by immunological factors, or by direct vascular injury. Physicians should be aware that vasculitis may have a heterogenous presentation and occur associated with HIV infection. Here, the patient is an HIV patient since 17 years and he is already on HAART[Highly active antiretroviral therapy]. he and his family denied all this history due to its social stigmata. So, the physician earlier does not know it about his patient previous history of HIV. Later, after 2 days the physician advised for HIV test and surprised to the result as HIV positive.

KEYWORDS:

Vasculitis, HIV, social stigmata, HAART.

INTRODUCTION:

Human immunodeficiency virus[HIV] positive patients may develop vasculitis, either mediated by immunological factors, or by direct vascular injury. Physicians should be aware that vasculitis may have a heterogenous presentation and occur associated with HIV infection. As part of the immunocompromise caused by HIV, a granulomatous inflammation involving small arteries and veins of the brain surface and

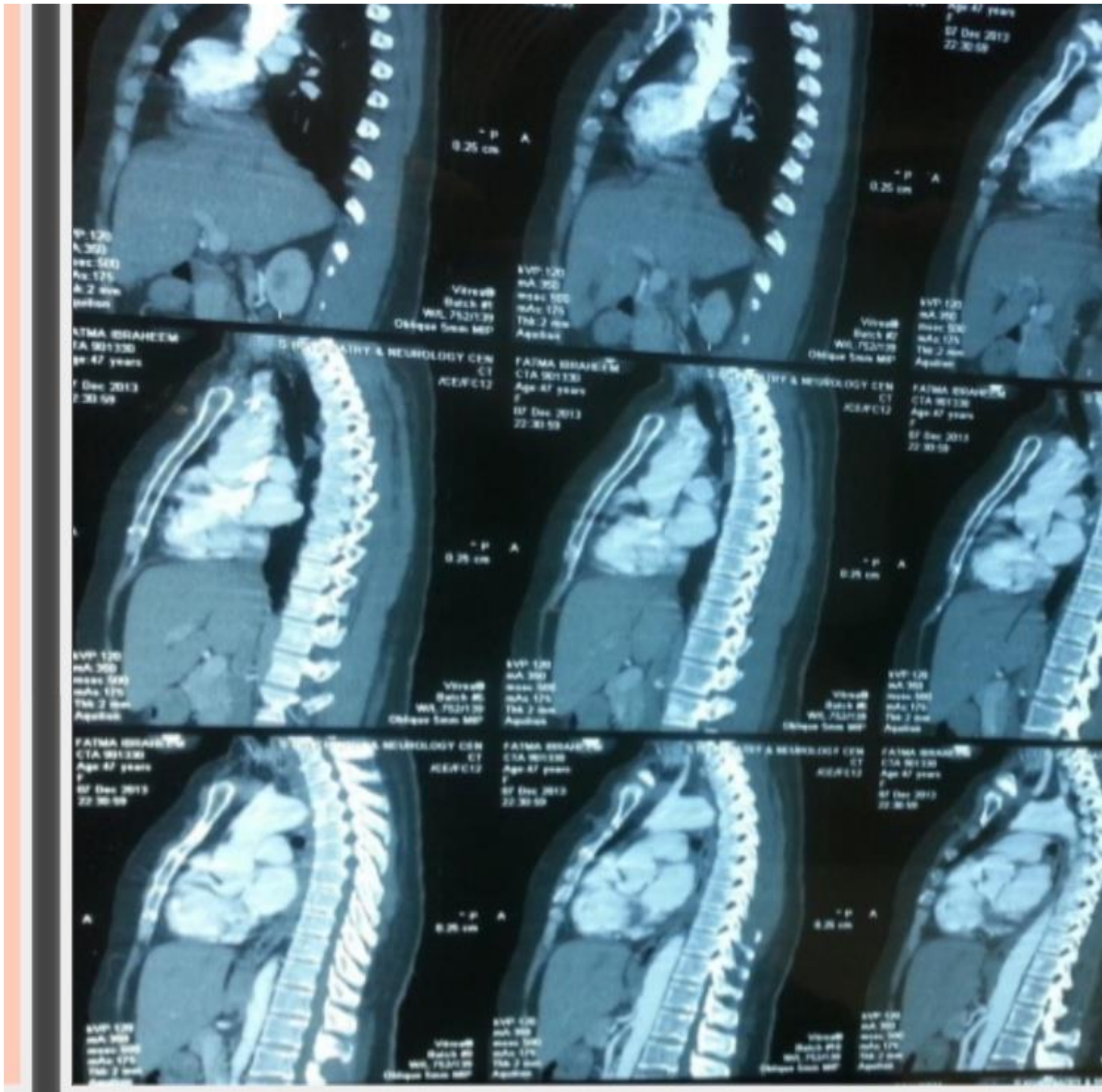
leptomeninges, termed a primary angitis of the central nervous system, is a rare vasculitis associated with high mortality. Here, the patient is an HIV patient since 17 years and he is already on HAART [Highly active antiretroviral therapy]. he and his family denied all this history due to its social stigmata. So, the physician earlier does not know about his patient previous history of HIV. Later, after 2 days the physician advised for HIV test and surprised to the result as HIV positive.

CASE REPORT:

CASE:

A male patient of age 46 years was admitted to local hospital with chief complaints of acute severe pain in the 4limbs mainly in the lower limbs 3days before admission. These symptoms occurred one week after an attack of diarrhoea for which he received incomplete course of ciprofloxacin. On physical examination, the patient was fully conscious, alert looks ill with no special facial expression with normal decubitus in bed and average body built. Pulse: intact pulsations in both carotids about 80beats/min regular rhythm with average force and volume, BP: Undetectable in 4limbs, RR:20c/m, Laboratory tests were as follows: Fasting blood sugar: 90mg/dl, blood urea: 70mg/dl, serum creatinine:1.1mg/dl. Hemoglobin: 11gm%, WBC: 15000/cmm, platelets:201,000/cmm. Bilirubin:1mg/l, SGPT:76u/l, SGOT:93u/l, ESR:45 1ST hour, 65 2nd hour. CT angiography: normal aortic arch, descending thoracic and abdominal aorta with diffuse narrowing of both external iliac arteries with absence of atherosclerotic changes favour the diagnosis of peripheral vasculitis. HCV antibodies: negative, HBsAg: negative, HIV antibodies: positive. Here, the patient is an HIV patient since 17 years and he is already on HAART [Highly active antiretroviral therapy]. He and his family denied all this history due to its social stigmata.

Fig: - CT angiography



The patient was hospitalised with the diagnosis of HIV related large vessel vasculitis category-3: - large vessel disease in HIV infected patients. Therapy for HIV-associated vasculitis remains controversial and problematic. Treatment: 40mg prednisolone, oral pentoxifylline, low dose aspirin.

DISCUSSION:

Human immunodeficiency virus [HIV] positive patients may develop vasculitis, either mediated by immunological factors, or by direct vascular injury. Physicians should be aware that vasculitis may have a heterogenous presentation and occur associated with HIV infection. As part of the immunocompromise caused by HIV, a granulomatous inflammation involving small arteries and veins of the brain surface and leptomeninges, termed a primary angitis of the central nervous system, is a rare vasculitis associated with high mortality. Here, the patient is an HIV patient since 17 years and he is already on HAART [Highly active antiretroviral therapy]. she and his family denied all this history due to its social stigmata. So, the physician earlier does not know about his patient previous history of HIV. Later, after 2 days the physician advised for

HIV test and surprised to the result as HIV positive. Therapy for HIV-associated vasculitis remains controversial and problematic. Treatment: 40mg prednisolone, oral pentoxifylline, low dose aspirin. The patient was advised for review after one month.

CONCLUSION:

HIV related large vessel vasculitis is a condition, delaying the diagnosis and treatment of this condition may lead to additional morbidity **and complications. A prompt recognition and precocious treatment and symptomatic therapy may prevent from further complications.**

ABBREVIATIONS:

HIV: human immunodeficiency virus

HAART: Highly active antiretroviral therapy

CT: computed tomography

SGPT: serum glutamic pyruvic transaminase

SGOT: serum glutamic oxaloacetic transaminase

CONFLICT OF INTERESTS:

Declared none

REFERENCES:

1. Vasculitis: an unusual manifestation in an HIV-infected patient- science direct by A Manuel
2. HIV- associated large vessel vasculopathy: - NCBI by B Pillay
3. vasculitides associated with HIV infection – NCBI-NIH by R Chetty
4. vasculopathy and vasculitis by A Markovic
5. vasculitic syndromes in HIV-infected patients- karger publishers by G Barbaro
6. large – vessel vasculitis: more severe in HIV infected patients- by Terry L. Kamps.