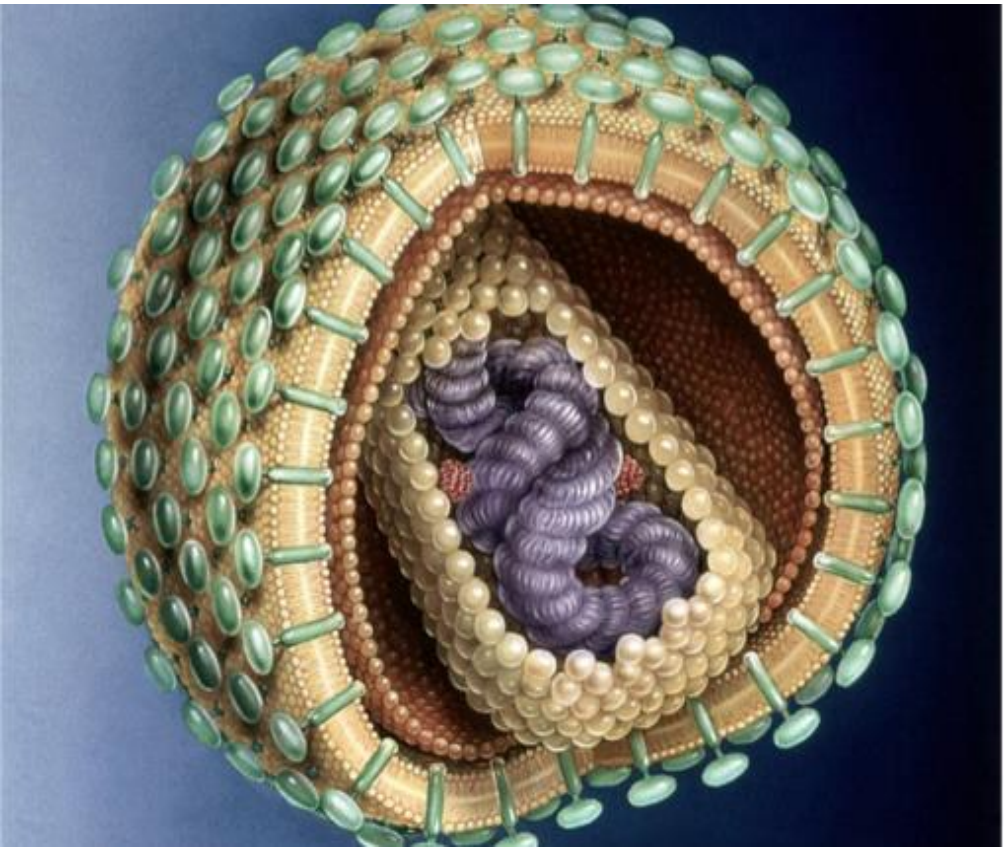
Province of the
EASTERN CAPE
HEALTH

MANY FACES OF HIV EPIDEMIC IN SOUTH AFRICA



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PATIENT PRESENTATION

Miss July was a 15 year old primigravida

Referral from local clinic; weight loss in the past month > 4kg

She reported abdominal pain and diarrhoea in the past month

No blood investigations have been done at the time of presentation

Booking SFH measurement=26weeks (unsure of date)

Reinitiated on HAART (TDF/3TC/EFV) at booking; INH Initiation (mantoux screening result-not indicated) and bactrim prophylaxis

Prior HAART exposure: ABC/3TC/Aluvia for several years (>five years) until three years ago when she stopped treatment; trend of viral load was not accessible

Mother died of HIV-related illness at age four; her grandmother took her in and she later died in 2012. Stopped school at grade six

She had lived with more than five different relations in the last three years; reported sexual abuse over the period; smoking cigarette and drinking alcohol prior to pregnancy; no prior screening for depression

Living with the boyfriend; who was unaware of her HIV status (obviously unable to negotiate sex), benefits financially from boyfriend

Examination: emaciated, pale, multiple submental and submandibular lymphadenopathy, generalised papular skin rashes; weight=42kg; MUAC= 22cm, oral whitish lesion

Vague tenderness of the abdomen; SFH=28wk, cephalic presentation

Admitted for further investigations in Gynaecology ward

Urgent obstetric USS: singleton, BPD=FL=34weeks, fundal placenta

Abdominal USS; extensive splenic micro abscesses, variable sizes of echogenic lesions in the liver, para-aortic lymph nodes, echogenic mass in the iliocaecal junction and free fluid in the abdomen

Initial results: CRP = 286, Hbg=9.4g/dl, mcv= normal, Creat=76, GFR>60, low sodium levels, CD4 count=24; (reflex CLAT negative), FNA of lymph node; GeneXp +/Rifampicin susceptible; Viral load: 425 840 RNA copies/ml; CXR - miliary pattern

Patient WHO clinical staging 4 ((unmasking IRIS TB /Disseminated disease)

She ruptured membrane same day and fell into labour on the night of admission; given a single dose of dexamethasone prior to delivery of a live baby; weight = 2.25kg

Infant: Birth PCR = negative; initiated on formular feeding (our setting, is more of breast feeding) and AZT prophylaxis & NVP for 12 weeks ; to have repeat PCR at 10 weeks

With assistance of social workers; discharged to a distant family member after a week; to continue care at a local clinic and follow up at ELHC on 26/08/2015

Patient was initiated on TB treatment, oropharyngeal candidiasis treatment, continued on FDC and for repeat VL at the next appointment (26 August, 2015); If VL > 1000 copies; Genotypic test to be done