1985 - 1st HIV case in Romania (MSM)

1987-1990
NOSOMOCAL = main route of HIV transmission in Romania:
Children born on end 1980s-early 1990s
"Romanian cohort" F1 subtype ~100%, closely related to Angolan subtype, > 6000 survivors to present-day

> 2009
MSM & IDU
IDU: F1↓ (65%) and appears CRF14_BG
↑ ↑ ↑ ethnobotanic drugs use →
↑ HIV dmg among IDU from 3% (2010) to 19% in
(2011) and 31% (2012)

HETEROSEXUAL
The cohort cases reached the fertile age

2017 (first 6 mos)
303 newly dg HIV cases
173 new AIDS cases
82 deaths
TB – most common OI

Case 1. Romanian cohort
24 yo female, dg 2005 concomitantly: pulmonary TB and HIV C3 treated with HRZE + EFV/3TC/IDV 6 mo → out of record for 6 years
2012 dg with bacterial meningitis, interpreted as possible TB (Chest X-Ray=N; IgM/IgG toxo negative, CSF GeneXpert for TB negative) treated with HRZE + Dexamethasone
1 mo later presents lymph nodes enlargement, especially latero-cervical → fustulization (fig. a, b & c) and headache (fig. e, f, g – multiple abscesses on MRI); Lymph node puncture: presence of acid-fast-bacilli (fig. d), Plex-ID detected M. tuberculosis (without resistance gene detected) + M. xenopi, with negative TB culture → evolution was favorable with HRZE + Dexa → TB IRIS

Case 2. Heterosexual transmission
41 yo man, admitted for fever, dyspnea, non-productive cough for 2 weeks, blurred vision, unintentional weight loss, wife HIV positive
clinical findings: moderate respiratory distress; tachycardia; low grade fever; oral thrush (fig. a)
HIV positive (ELISA IV+WB), CD4=3/mm³, LDH ↑.8 x normal value
CT scan: Bilateral ground-glass patchwork pattern (fig. d) + numerous Pneumocystis jiroveci cysts on toolidue blue stain from BAL (fig. e) → PJP
Fundoscopy (both eyes - fig. c+d) “ketchup and cheese” appearance, suggestive of CMV retinitis

Case 3 and 4. MSM transmission
27 yo man, MSM, presented for skin rash (fig. a)
ELISA HIV 1+2 positive, WB - negative, CD4=153/mm³,
Plasma HIV-1 RNA >10⁷c/ml, CSF HIV-1 RNA = 4.6x10⁵c/ml → Acute Retroviral Syndrome, Fiebig stage 3

33 yo man, MSM, dg a few years ago with HIV, but he didn’t accept his diagnosis and refused psychological counseling
at admission: multiple palpable violaceous lesions on the trunk and face (fig. b); numerous nodular violaceous lesions and papillomatosis lesions secondary to lymphedema (fig. c), on the legs, and generalized adenopathy
skin biopsy: Kaposi sarcoma
favorable evolution with ABC/3TC/DRV + Doxorubicin

Case 5. IV drug users transmission
31 yo female, IDU, dg 2011 with HIV stage A2 and C hepatitis, untreated,
was admitted in 2013 with emphysematous pyonephrosis with septic shock
Abdominal X-Ray: round calculus, hydroaeric levels over the region of the left kidney (fig. a).
CT scan: 26/16 mm calculus, hydronephrosis with obstruction, enlarge left kidney with gas and fluid and severe parenchymal destruction (fig. b).
culture (percutaneous drainage): Bacteroides fragilis + Peptonilphus harei + Granulicatella adiacens

ACCESS TO CARE: UNIVERSAL
Free medical care and ARVT insured by the National Programme for Prevention, Surveillance and Control of HIV infection (Ministry of Health)
2016: 90% PLWHA - under HAART

PRESENT-DAY CHALLENGES:
Romanian cohort: young adults at fertile age, long history of HIV, multiple ARV regimens (long term toxicity - therapeutic fatigue - poor adherence), multidrug resistance
MSM: increasing number of HIV-infected, very early presenters/ requesting PrEP
IDUs: HBV / HCV / TB coinfections/ MTC transmission

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