

CLINICAL PRESENTATION OF VIRAL AND PARASITIC DISEASES IN HIV INFECTION

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THE PURPOSE of our research was to analyze the dependence of clinical manifestations of infections with viral and parasitic etiology on the background of HIV infection from the level of CD4-lymphocytes.

THE RESULTS. From the year 2001 to 2010 in Sumy Regional Clinical Infectious Hospital named after Z.Y Krasovytskyi 135 patients who were under observation had diagnosis of "HIV infection", among them 53 (39,3 %) diagnosed with illnesses of viral and parasitic etiology. Among the given group of patients men prevailed (56,3 %), and by age group were dominated by persons between 18 and 29 years of age.

Among HIV-infected patients with levels of T-helper cells (765 ± 84) in 1 microliter registered infections caused by HSV type 1, with typical skin lesions, and EBV-infection, that defects in the form of infectious mononucleosis.

According to the level of CD4-cells (321 ± 54) in 1 microliter there were cases of genital herpes with erythema, swelling and sores which healed slowly. 40 % of patients diagnosed with toxoplasmosis in a latent form, while 25 % of patients had tongue hairy leukoplakia, which is a clinical manifestation of EBV-infection.

According to the number of CD4-lymphocytes (163 ± 65) in 1 microliter, 15 % of patients diagnosed with an infection caused by VZV, 10 % - genital warts, 10 % - CMV infection. In patients with herpetic infection with the level of T-helper cells (96 ± 23) in 1 microliter, the disease process acquiring a generalized nature of damage to the nervous system causing clinical meningoencephalitis and necrotizing encephalitis. Parasitic diseases (cryptosporidiosis and visceral leishmaniasis) were diagnosed in 2 HIV-infected patients with CD4-lymphocyte levels (91 ± 30) cells in 1 microliter. Recorded direct strong correlation between changes in CD4-cell parameters and the frequency of manifestations of opportunistic infections ($r = 0,93, p < 0,01$).

CONCLUSIONS. Clinical manifestations of viral and parasitic diseases in HIV infection are in direct correlation with changes in indicators of immune cells. In order to predict the course of the disease it is expedient to determine the content of T-helper cells of HIV-infected patients who need inpatient care.