

**Original Research Article****Systemic Manifestations in Aids – Prospective Study in GGH Nalgonda**

Authors

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Abstract**Background:** *This study is aimed at surveying the clinical manifestations in GGH nalgonda in patients with aids on art therapy.***Methods:** *A total of 300 people were selected who came for HIV testing in hospital in the period Dec 2019-Mar 2019. Out of this HIV positive patients were demarcated with cd4 count ≥ 200 . a total of 100 cases were selected for this study who were in different age groups.***Results:** *The distribution of the study showed most of the patients were in the age group of 30-40 years. female incidence more in the study 53%; male incidence around 47%. Most patients presented to the hospital had incidence of anaemia (25%) with cachexia (15%) diarrhea (10%) fever(16%) pneumonia (12%).all these patients were diagnosed as HIV positive through elisa method.***Conclusion:** *It is observed there is increased incidence of anaemia n patients with HIV along with symptoms pneumonia, cachexia, diarrhea altered haematopoiesis occurs in patients with HIV infection. this change affects all three cell lines. consequently HIV infected majority individual suffer from anaemia which is manifested in the study. The cause for these condition are varied and are not fully understood. evidence shows that hiv infects the progenitor cells in the bone marrow, haematopoietic stem cells (hsc) and cause abnormal function^(6,7). When hsc's cannot produce adequate haematopoietic growth factors decreased production occurs^(8,9). Also art therapy, opportunistic infections and their treatments can contribute to this problem. further public awareness regarding safe sexual practices can reduce the incidence and further the aids eradication program.***Introduction**

Approximately 36.9 million people are currently living with aids and tens of millions of people have died since the beginning of the epidemic.hiv transmission occurs mostly through heterosexual contract and progression to aids and premature death is a reality for people in most poor areas with limited access to art^[1-3]. HIV disease progresses from an asymptomatic period of variable duration through mild symptoms to severe disease

characteristic of cellular immunodeficiency^[1]. HIV clinical presentation is known to be complex since it was described in 1981^[2,3]. HIV can manifest in a variety of ways depending on the organs affected and concurrent infections prevalent in the area. The initial clinical manifestations may mimic symptoms of common endemic diseases in that particular region^[4,5]. With the exception of tb which continues to increase, other aids related disease are declining gradually. Due to wide spread of oi drugs. Who has released four stage clinical classifications system

determined but the presence of oi and HIV related conditions^[7]. This classification tried to incorporate most of aids defining illness occurring in all regions of the world making a global tool for hiv/aids patients care & treatment. in the year 2018-2019 nalgonda is the second district in telangana with highest no. of HIV cases.

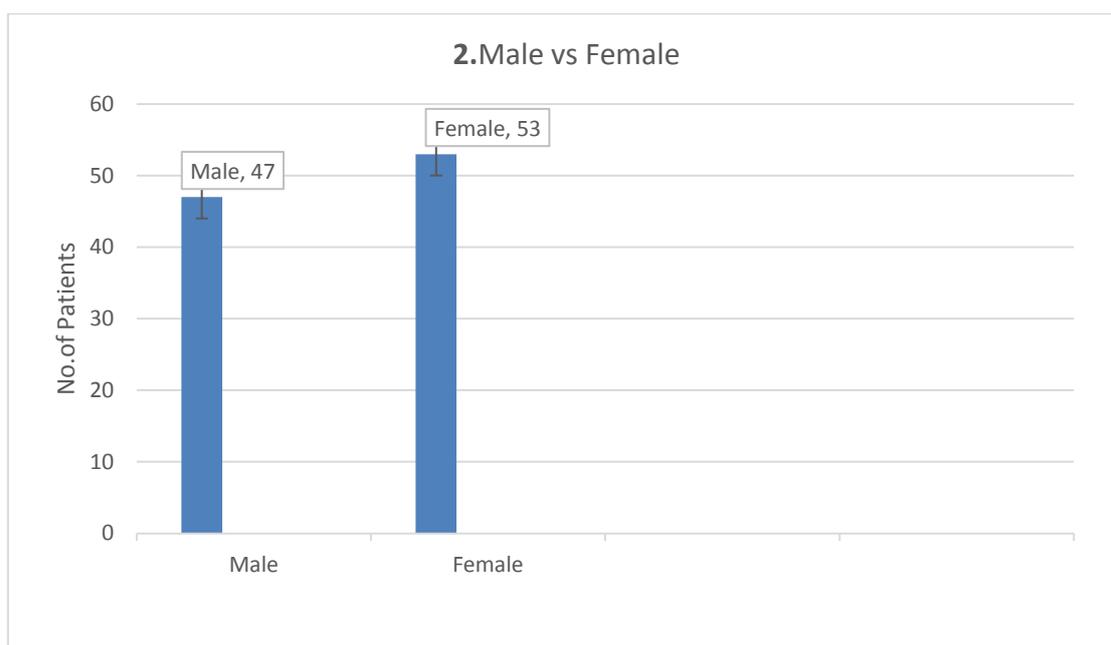
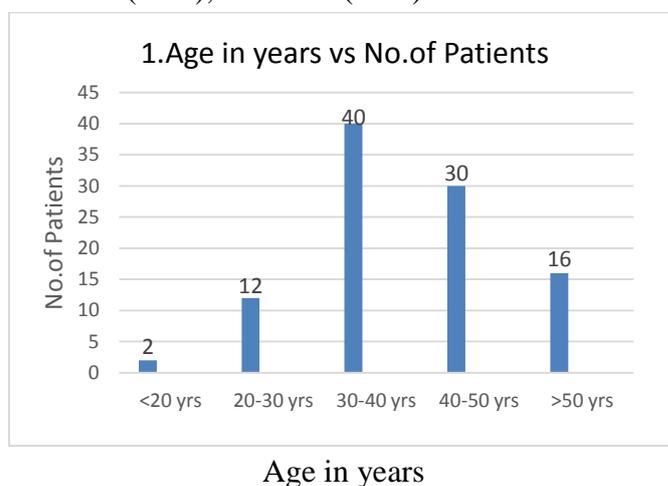
The group of clinical manifestations which include acute HIV infection has been called primary hiv syndrome. HIV sero conversion illness and acute retroviral syndrome. the first description of this syndrome was by a group of australians researchers In early 1980. Arvs usually begins 10 days to 6 weeks after HIV exposure at medium time of 21days post exposure^[15,16,17,18].the project in san francisco has reported fever, rash, oral ulcers, Arthralgias, pharyngitis, anorexia, weight loss more Than 7.5kgs as associated with arvs. A study comparing patients with arvs and those with non-hiv related flu like symptoms found that majority of the patients with arvs consulted medical practitioner (87% versus 20%) & hospitalization occurred more frequently with arvs then with flu like illness^[19]. Non specific nature of symptoms and signs of arvs makes it difficult to accurately determine the proportion of patients with acute HIV infection who express arvs. However it is generally accepted that between 50% & 90% patients with acute infection manifest arvs^[20,21].

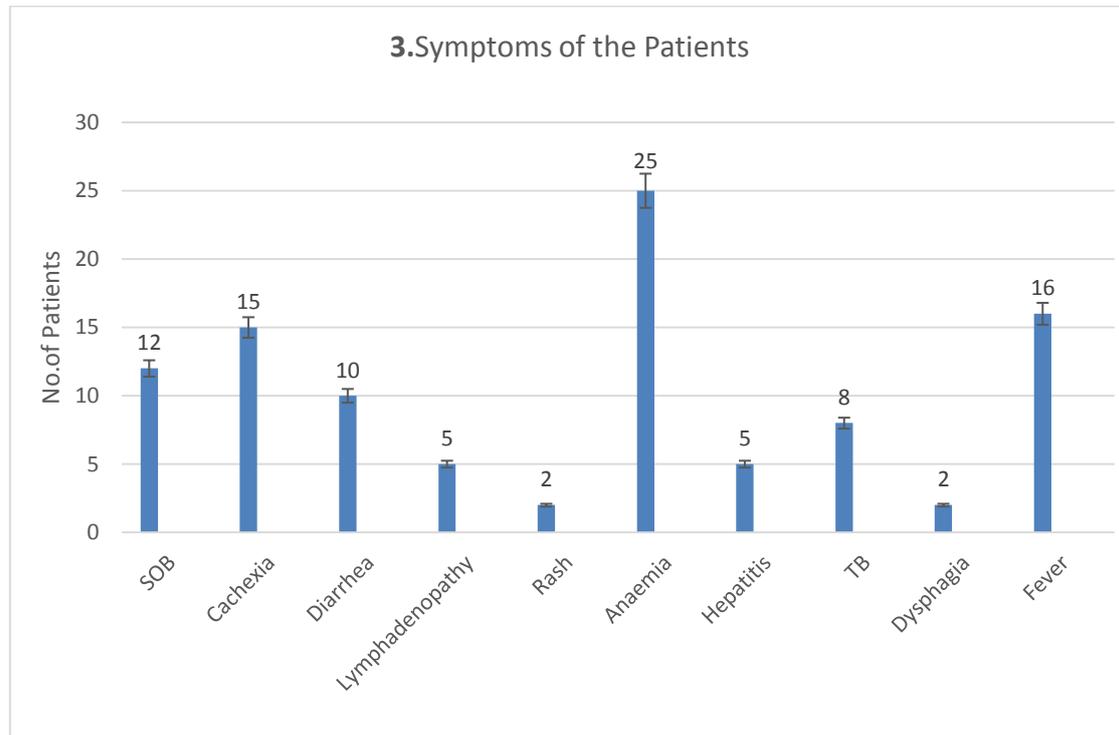
Materials & Methods

Total of 100 HIV Positive individuals selected with cd4>=200 with Systemic manifestation. The hiv infected individual Were tabulated according to age and symptoms Manifestations. The symptoms included were Fever, sob, cachexia, diarrhea, lymphadenopathy, Anaemia, hepatitis, tb, rash, dysphagia.

Observation & Results

Among the 100 cases Studied 47 were male and 53 were female. The Majority of the patients were in the age group 30-40 Years. Most of the patients presented with Anaemia (25%), fever (16%) cachexia (15%), Diarrhea (10%).





Discussion

The study showed the distribution of hiv among different age groups. The male to female ratio is 1:1.2.the majority of the patients were in the age group of 30-40 years with minimum age of 16years & maximum age of 65years.the mean age of the study was around 40years. Most of the patients with anaemia (25%), fever (16%), Cachexia (15%), diarrhea (10%). The majority of the patients presents with clinical features of sob, weight loss, fever^[10,11]. There is marked reduction in occurrence of diarrhea among hiv/aids due to broader availability of oi drugs^[12,13].

Conclusion

The result of the study showed 25% were anaemic out of 100 patients .further patients presents with hepatitis, cachexia, Diarrhea which indicated course of cd4 count.

Most of the female patients were affected than males. To avoid more frequent occurrence of symptoms art to be started at an earlier stage. Screening for HIV should be suggested when ever patient presents with fever, sob, cachexia and other systemic manifestations. Further advise the usage of safe sexual practises and awareness of deadly pandemic HIV through awareness programmes.

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