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EVOLUTIONARY PECULIARITIES OF HERPES ZOSTER IN HIV-INFECTED PATIENTS

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Taking into consideration the global HIV epidemic, delayed detection (stage B-C) of the HIV-infection, I am presenting 2 cases: the first one is about the reactivation of Herpes Zoster with atypical manifestation after the beginning of cART therapy; the second one is about HIV infection in patients primarily presenting with Herpes Zoster.

The patient, 28 years old, is presenting with fever (38,7 C), general malaise, vesicular eruptions on the left side of the forehead, and the scalp associated with pain, HIV positive st. B2, which was diagnosed 2 weeks ago with CD4 + = 457 cells, started therapy with cART, after 10 days after initiation of therapy appear the symptoms mentioned above. 2nd case. The patient, 44 years old, is primarily presenting with B symptoms and eruptions on the path of the right intercostal nerves, projecting pain. The rapid test for HIV infection + HIV RNA PCR is indicated. He is diagnosed with HIV infection St. B2.

Infected through the parenteral way. At objective examination: oropharyngeal candidiasis was determined. By laboratory investigation: moderately elevated AST, thrombocytopenia and lymphocytosis were detected which returned to normal on the 8th day. On the daily examination, body temperature got to normal on the 4th day, on second-day conjunctivitis appeared that regressed on the 7th day, eruptions stopped appearing on the 7th day. Prescribed treatment: acyclovir 800 mg 4 times a day for 9 days. 2nd case. The patient has an irregular sexual life. Changes appeared 2 weeks before going to the doctor. On objective examination, oropharyngeal candidiasis was detected. Mild thrombocytopenia was determined by laboratory investigations. Initially, treatment with Acyclovir 800 mg was prescribed 5 times a day for 7 days. CD4+ = 148 cells were determined, according to this TMP-SMP treatment was prescribed on the 2nd day of inpatient therapy, on the 5th day ART treatment was started. On the 12th day, he was discharged with the indication of TMP-SMP until CD4 +> 200 cells.

Considering the statistical data: reactivation of herpes zoster in 10-20% of patients with HIV infections, primary presentation of HIV infection in the form of Zoster Zone (5-15)%; The goal of clinicians is to approach the patient holistically and comprehensively to be able to diagnose 90% of patients with HIV, for 90% of diagnosed patients to receive cART and for 90% of patients receiving cART to be negative for HIV RNA PCR until 2030.