

Many of the clinical features of HIV/AIDS can be ascribed to the profound immune deficiency which develops in infected patients.

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Abstract

The destruction of the immune system by the virus results in opportunistic infection, as well as an increased risk of autoimmune disease and malignancy. In addition, disease manifestations related to the virus itself may occur. For example, during the primary illness which occurs within weeks after first exposure to HIV, clinical symptoms occur in at least 50% of cases, typically as a mononucleosis syndrome. HIV-related complications are rarely encountered in patients with preserved immunity (i.e., CD4 T-cell counts greater than 500 cells/mm³). Recurrent mucocutaneous herpes simplex (HSV), herpes zoster (VZV), oral candidiasis and oral hairy leucoplakia occur with increasing frequency as the CD4 count drops below this level. Immune thrombocytopenia (ITP) occurs in association with HIV and often presents early in the clinical course. The risk of developing opportunistic infections and malignancies typical of AIDS increases progressively as CD4 counts fall below 200 cells/mm³. The clinical manifestations of infections associated with AIDS tend to fall into well-recognized patterns of presentation, including pneumonia, dysphagia/odynophagia, diarrhoea, neurological symptoms, fever, wasting, anaemia and visual loss. The commonest pathogens include *Candida albicans*, *Pneumocystis carinii*, *Mycobacterium tuberculosis*, *Toxoplasma gondii*, *Cryptococcus neoformans*, *Mycobacterium avium intracellulare* and cytomegalovirus. Malignant disease in patients with HIV infection also occurs in a characteristic pattern. Only two tumours are prevalent: Kaposi's sarcoma, a multifocal tumour of vascular endothelium which typically involves skin and mucosal surfaces; and non-Hodgkin's lymphoma, which is typically high grade in phenotype, often arising within the central nervous system. The principles of therapy include reduction of HIV replication by antiretroviral agents, prophylaxis against the common opportunistic infections and treatment followed by subsequent lifelong maintenance therapy for infections when they do occur.