

## Clinical profile of Paediatric HIV/AIDS

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### INTRODUCTION:

Paediatric HIV/AIDS differs from adult HIV. With the availability of antiretroviral therapy (ART), HIV infection, has now become a chronic treatable condition in children. HIV means Human Immunodeficiency Virus. HIV virus causes AIDS (Acquired Immunodeficiency Syndrome) also known as SLIM disease. AIDS is the end stage of disease representing breakdown of immune defense mechanism, leaving patient prey to progressive opportunistic infections and malignancies. Infection occurs when the virus integrates with the genetic material of a CD4 white blood cell in the immune system. Children of today are the youth of tomorrow. HIV affects this very precious generation and bears grave consequences to our future, our nation, the continent and the world at large. Ever since the report of first paediatric case in 1983, there has been an alarming increase in the rate of disease. There is an increased frequency of malnutrition and infections that may be more persistent, severe and less responsive to treatment. In addition, these growing children are left with inescapable challenges of facing not only lifelong adherence with complex treatment regimens, but also enormous psychosocial, mental and neuro-cognitive issues. With the availability of antiretroviral therapy (ART), HIV infection has now become a chronic treatable condition in children. It is important to concentrate on paediatric HIV as it differs from adult HIV regarding epidemiology, mode of transmission, diagnosis, immunology, pathology clinical spectrum, management and presentation.

### AIMS & OBJECTIVES:

Study different clinical presentations of HIV/AIDS in paediatric age group (18 months-15 years)

### METHODS:

It was a hospital based observational study. The case records

of all children diagnosed with paediatric HIV infection between 1st July 2007 to 30th June 2017, who fulfill the inclusion and exclusion criteria were reviewed and their clinical profile prevalence were evaluated.

### RESULTS:

In the study, 31 (25.84%) cases were between 18 months-3 years age, 49 (40.83%) were between >3 years – 5 years and 40 (33.33%) were of more than 5 years age. Majority of the children were from rural area 68 (56.7%) and 52 (43.3%) were from urban area. Perinatal (vertical) mode of transmission was the most common mode of transmission. There were 10 (8.3%) asymptomatic cases. Fever was the most common presenting complaint. On clinical examination, undernutrition was the most common finding.

In the present study, 45 cases who were on ART were followed up at least once. Majority of the follow ups were for respiratory problems and fever. The nutritional status and the rates of common infection in these children on follow up were low.

**CONCLUSIONS:** Intensified screening of HIV infection in asymptomatic children by high suspicion will help in diagnosing HIV at the earliest, and thus they can be subjected to early management helping in improving the immunological status and thereby increase the life span of the child.

### Speaker Biography

Meena Kumari Mili has done her postgraduation in Paediatrics from Gauhati Medical College, Assam, India. She has done her research on Paediatric HIV/AIDS while she was post graduate trainee in Gauhati Medical College, India. She has presented her research work on paediatric HIV/AIDS in various regional and national conferences in India and has been awarded for the same. She has also published her works on paediatric HIV/AIDS. She has been involved in building awareness on HIV/AIDS.

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