Commentary

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Uncommon Presentations and Complications of HIV Infection

Shwan Sato*

Department of Health Sciences, University of the Witwatersrand and National Health Laboratory Service, Johannesburg, South Africa

Corresponding author: Shwan Sato, Department of Health Sciences, University of the Witwatersrand and National H ealth Laboratory Service, Johannesburg, South Africa, E-mail: Shwan154@wnhl.su

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Description

Severe immunosuppression has been reported as one of the causes of a false-negative HIV rapid test result. Guidelines on what tests should be performed in adult patients presenting with severe immunosuppression despite a negative HIV rapid test result are lacking. This is the second case report of a false-negative HIV rapid test results in a patient presenting with advanced HIV disease in Tanzania. Salmonella infections are responsible for a large burden of disease worldwide. Non-Typhoidal Salmonella (NTS) species cause a myriad of disease manifestations, particularly amongst severely immuno-compromised individuals. We present a rare case of endocarditis caused by the NTS species Salmonella Enteritidis (SE) in an individual living with HIV and hepatitis C. In this case, endocarditis was complicated by embolization and acute arterial occlusion of the left arm, as well as mitral valve perforation resulting in cardiac failure. A review of the available literature shows few cases of NTS causing endocarditis in people living with HIV, with the earliest reported case in 1983.

Microangiopathic Hemolytic Anemia

Our case demonstrates the potential complications of NTS endocarditis and highlights the importance of evaluating patients with NTS-associated blood stream infection for cardiovascular involvement. Prompt surgical intervention in addition to appropriate antimicrobial therapy is essential to reduce the high morbidity and mortality associated with NTS endocarditis. Thrombotic microangiopathy defines a group of pathologies characterized by microvascular dysfunction with the concurrence of microangiopathic hemolytic anemia, thrombocytopenia, and organ damage. It represents the most frequent microvascular manifestation of Human Immunodeficiency Virus (HIV) infection. We report the case of a man in the seventh decade of life with a recent diagnosis of infection by HIV, who develops hemolytic uremic syndrome, requiring continuous renal replacement therapy and plasma replacement therapy, without response, ADAMTS13 with preserved activity, ruling out other etiologies (infectious, metabolic, and genetic) with successful response to eculizumab. Pedal Monkeypox is a disease which can mimic many other pedal conditions. It should always be considered in differential diagnosis. A young male HIV patient who presented with a tender foot lesion and diagnosed with pedal Monkeypox as a result of performed tests is discussed hereby in the case report. We expect that this case report adds to the existing literature on this subject. The immune function of HIV infected patients is severely damaged, which can cause a series of autoimmune related diseases including hyperthyroidism. Hyperthyroidism includes both primary and secondary hyperthyroidism. Graves' disease is the most common primary hyperthyroidism, and Graves' disease may occur in HIV patients during immune reconstitution after antiretroviral therapy. A 47-year-old woman with a history of HIV presented with symptoms related to hyperthyroidism. After antithyroid drug therapy failed, the patient and her families opted for surgical treatment. Postoperative examination revealed papillary thyroid carcinoma. Given the scarcity of data available on Plasma Blastic Lymphoma (PBL) and Human Immunodeficiency Virus (HIV) patients undergoing Allogeneic Hematopoietic Stem Cell Transplant (Allo-HSCT), we share our experience. We review the barriers overcome by the patient with regards to their diagnosis, treatment, and transplant. We describe challenges encountered when considering Allo-HSCT persons with HIV and PBL. Most significant to the patient was the use of a donor with HIV resistant mutation, homozygous CCR5Δ32/Δ32. Therefore, we pursued transplant with a Mismatched Unrelated Donor (MMUD) to meet patient's desire of a possible HIV cure. We explore the unique approaches and difficulties in treating PBL. Despite post-transplant complications, including early relapse, patient achieved Complete Remission (CR) by day+100 with a preserved donor graft and undetected viral loads nearing the one-year milestone. We analyzed the case of a 49-year-old woman with HIV infection off-therapy with poor viro-immunological compensation, not vaccinated for SARS-COV-2, hospitalized for lobar pneumonia and severe COVID19-related respiratory failure in Intensive Care Unit (ICU). The hospitalization was complicated by bacteraemic Ventilator-Associated Pneumonia (VAP) caused by Multidrug-Resistant Acinetobacter Baumannii (MDR-AB) isolated on pleural fluid culture, treated with colistin and cefiderocol for about 3 weeks. The molecular research of MDR-AB on transtracheal aspirate was negative following this therapy. The aim is to show the safety, efficacy and tolerability of colistin-based combination therapy with cefiderocol for Acinetobacter baumannii infection in HIV-infected patient. Eczema Herpeticum (EH), also known as Kaposi's varicelliform eruption, is a disseminated herpes simplex

virus infection seen in patients with underlying skin conditions, most commonly atopic dermatitis. Monomorphic vesicles and "punched-out" erosions with hemorrhagic crusts over eczematous regions are the hallmarks of EH's presentation. Here, we discuss a first reported case of eczema herpeticum in a patient living with well controlled HIV with prior steroid use. A 30-year-old male patient living with HIV presented to the hospital with a generalized rash involving the face, neck, arms, hands, low back region, and both feet. Herpes simplex 1 and 2 by PCR DNA were detected from external auditory ear canal drainage. The patient was treated with intravenous acyclovir and responded well. He had long term history of eczema and required acyclovir prophylaxis later. Most Lymph Epithelial Cysts (LECs) occur in the salivary glands and are considered one of the autoimmune syndromes caused by the Human Immuno-deficiency Virus (HIV).

Radiographic Features

In this report, we present a case of pulmonary LEC without prior HIV infection, paying special attention to radiographic features. A chest radiograph revealed an oval mass with a smooth surface, localized in the left lower lung field, which was in direct contact with the diaphragm. Computed tomography showed an oval homogenous mass with a smooth surface in the lower left lobe. Further, magnetic resonance imaging demonstrated that the mass was a homogeneous internal structure with a smooth surface and a slightly high signal in T2-weighted images and a slightly low signal in T1-weighted images. Surgical resection was performed, and pathological examination confirmed the diagnosis of a pulmonary LEC. To the best of our knowledge, no cases of pulmonary LECs without prior HIV infection have been reported in the literature to date, therefore, the case presented here is considered very rare and informative. As it is a disseminated disease, HIV infection can be associated with significant cardiovascular and neurological complications; however, this commonly occurs late. Here, we highlight the unusual initial presentation of HIV infection, which is myocardial infarction complicated by stroke. A 30 years old male with a clear medical background presented with severe chest pain with evidence of ischemia on ECG and positive serum troponin. He received anti-ischemic drugs, and was prepared for coronary angiography with routine investigations tested positive for HIV; however, his condition was later complicated by stroke.