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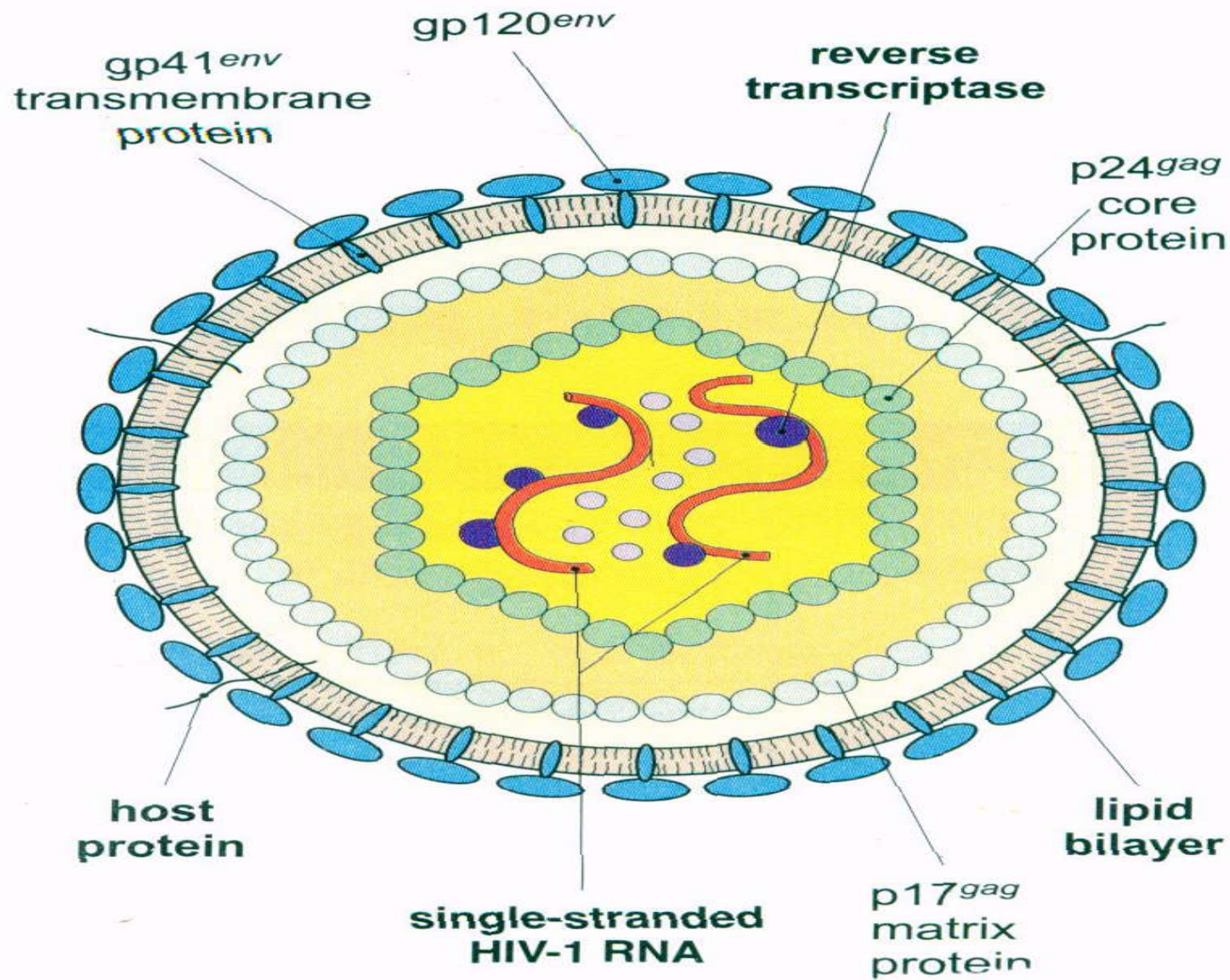
# ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Def:


Alarming fatal syndrome characterized by irreversible acquired defect in the cell mediated immunity predisposing the host to severe opportunistic infections.

# Etiology:

- HIV virus type 1 and 2

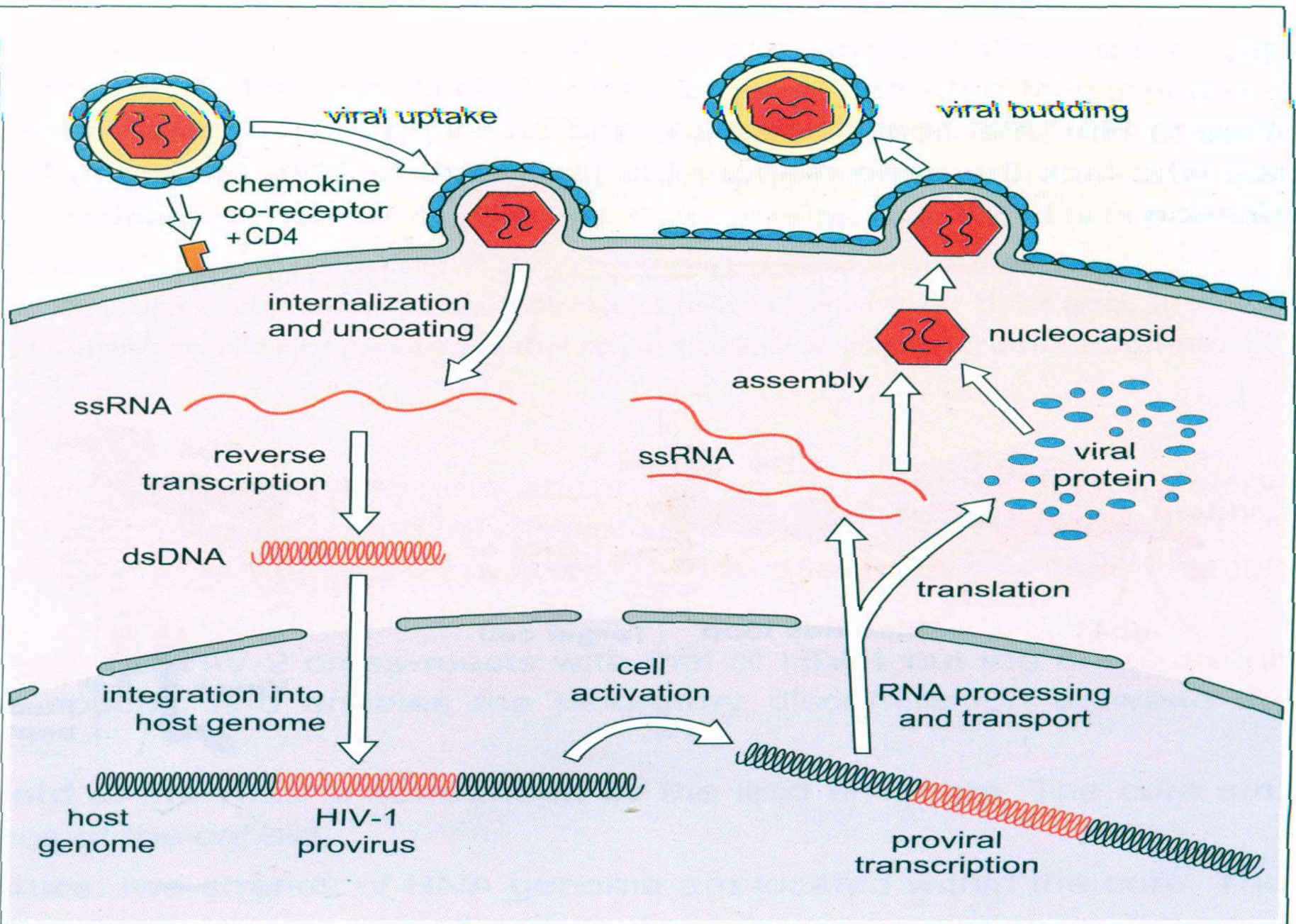


# Pathogenesis:

- T- helper cells are the maestro of the immune system.
- HIV trigger mainly t- helper cells.
- HIV  immune system.
- Opportunistic infections and tumors

all





# Transmission:

1. Sexual
2. Blood and blood products
3. Contaminated equipments
4. maternofetal



## Groups at high risk:

1. Homosexuals
2. IV drug abusers
3. Hemophiliacs
4. Blood and blood products recipients
5. Heterosexual contacts of HIV Ab +ve individuals
6. Children of HIV Ab +ve mothers

# CLINICAL MANIFESTATIONS

1. **Acute infection:** glandular fever like illness with fever, chills, myalgia and arthralgia.
2. **Asymptomatic infection:** few months to many years.
3. **Persistent generalized Lymphadenopathy:** 1cm in diameter, 2 or more extra inguinal sites, for 3 months. Symmetrical, rubbery, mobile and non tender.

## 4. Symptomatic disease:

### Early “ARC”:

- fever- wt loss- diarrhea- fatigue- headache- night sweats.
- Lab findings: ↓ anemia- ↑ leucopenia- thrombocytopenia- T cells- Igs levels.

### Late symptomatic disease:

- Progressive ↓ immune function → AIDS

# AIDS indicator diseases:

1. Opportunistic infections: bacterial, fungal, viral and parasitic infections.
2. Encephalopathy ( HIV dementia)
3. Malignancy: Kaposi sarcoma, brain lymphoma and non Hodgkin lymphoma.
4. HIV wasting syndrome ( slim disease)

# Lab. Findings:

1. **Antibodies:** ELISA and western blot tests
2. **Antigen.**
3. **Viral genetic material “RNA”:** PCR

# TREATMENT:

- NO specific effective treatment.
- Ziduvudine (AZT)



# Prevention:

THANK YOU