

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

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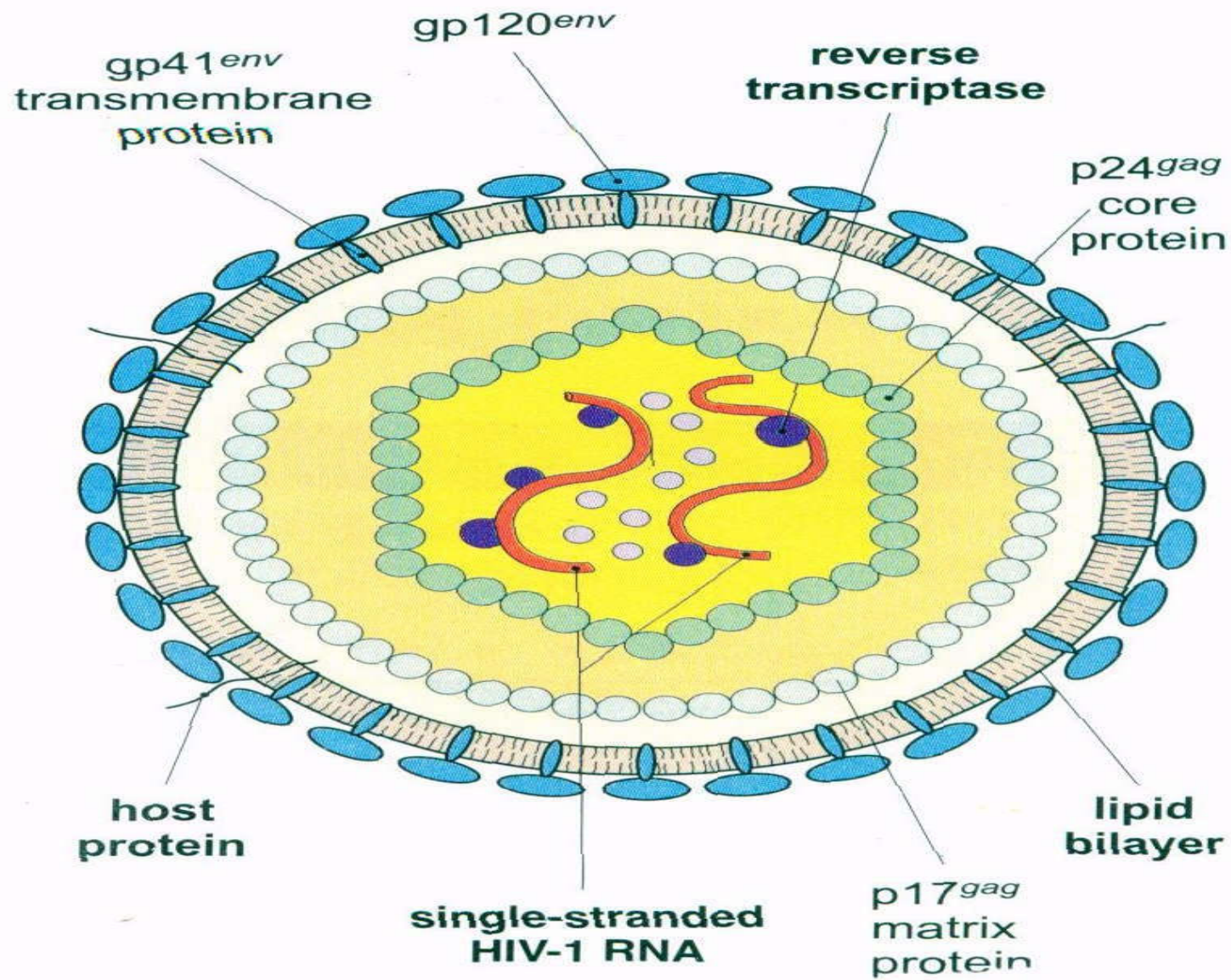
- *definition and etiology
- *structure and pathogenesis of HIV
- *mode of infection
- *c/p
- *diagnosis
- *ttt

Def:

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

Etiology:

- HIV virus type 1 and 2



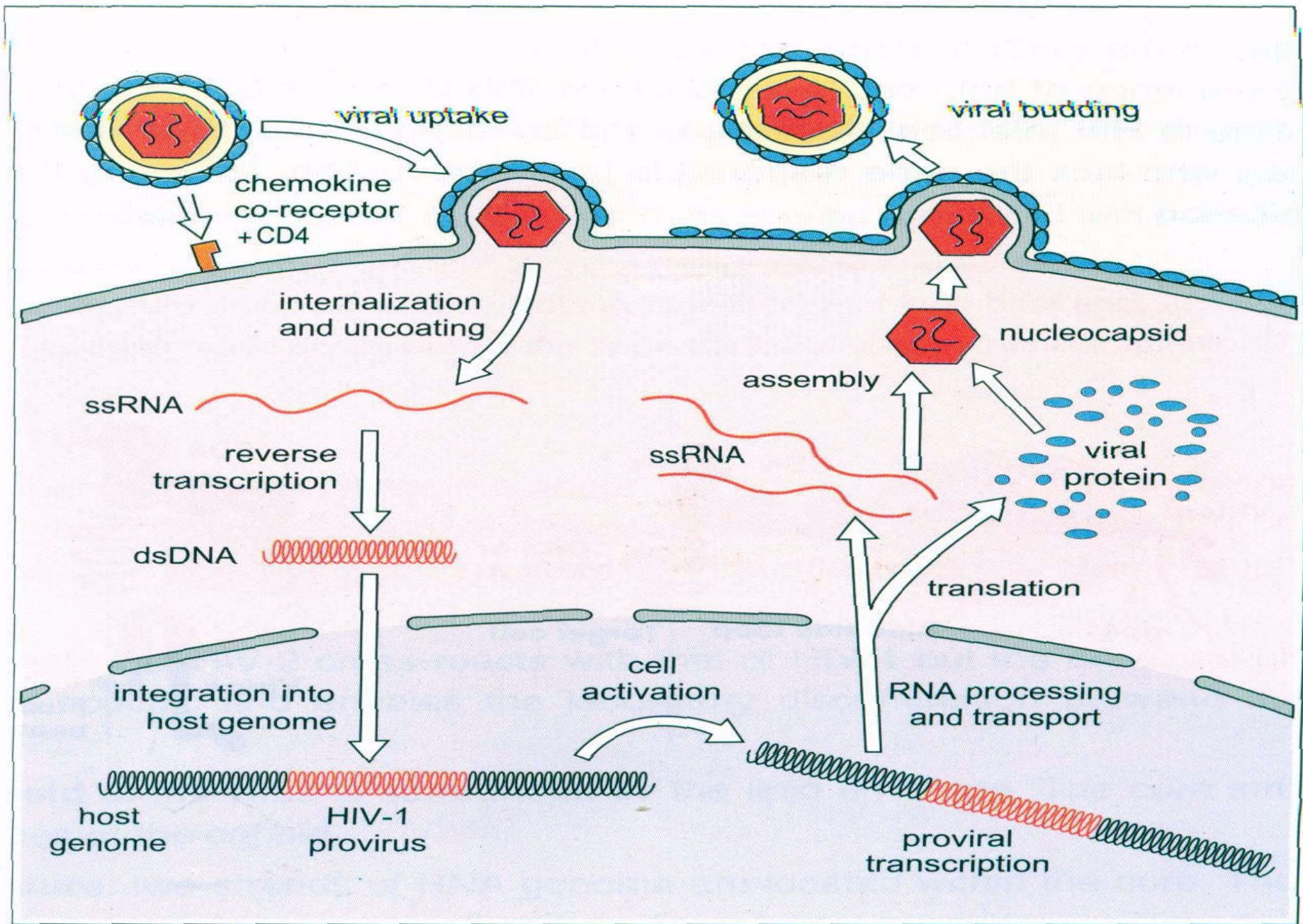
Pathogenesis:

- T- helper cells are the maestro of the immune system.

- HTV trigger mainly t- helper cells

- HIV →  → all immune system.

- Opportunistic infections and tumors



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 3months. 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)

THANK YOU