



## Approach to HIV/AIDS

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### Evaluate for Acute Infection?

- Acute HIV infections are often misdiagnosed as viral syndromes
- Typically present with nonspecific fever, fatigue, pharyngitis, viral rash, N/V/D, headache, and lymphadenopathy
- Symptoms typically develop 2-4 weeks post exposure
- Evaluate for high risk behaviors
- Send screening tests: ELISA (confirm positive test with Western Blot test), Antigen/Antibody test

### Evaluate and Treat based on Presenting Symptoms

#### ALL PATIENTS:

- Send CD4 count/viral load, patients are at high risk of opportunistic infections with CD4 counts below 200
- Don't forget to evaluate/treat the same dangerous pathogens that infect immunocompetent patients: start empiric broad-spectrum antibiotics in patients with suspected infection

#### Pulmonary Complaint

- Most common cause of PNA in AIDS pts is Strep
  - Place in negative airflow room
- PCP**
- CD4 counts < 200
  - Fever, dry cough, SOB
  - XR chest –bilateral perihilar infiltrates
  - Treat with Bactrim, steroids

#### Tuberculosis

- Patients with AIDS are at high risk of TB reactivation, presentation can be subtle if pt is severely immunocompromised

#### Neurologic Complaint

- CT brain and LP to evaluate
- Cryptococcus:**
- Focal cerebral lesions or diffuse meningoencephalitis
  - Treat with IV amphotericin B and PO flucytosine

#### Toxoplasmosis

- Subcortical ring-enhancing lesions seen on CT brain
- Treat with pyrimethamine, sulfadiazine, folinic acid

#### PML

- Presents with progressive neurologic deficits

**AIDS dementia, primary CNS lymphoma, neurosyphilis, CNS TB, HSV encephalitis**

#### Diarrhea

- Send stool leukocytes, bacterial cultures, ova and parasites, acid fast stain, *C. difficile* toxin
- Opportunistic infections: **Cryptococcus, Cryptosporidium, Isospora**
- Admit if ill and/or severely dehydrated

#### Odynophagia

- Evaluate for **CMV** vs. **HSV** vs. **Candida** esophagitis
- Typically presents with CD4 counts < 100
- Consult gastroenterology for EGD to evaluate for CMV and HSV; presumptively treat for esophageal *Candida* with oral fluconazole

#### Visual Complaint

##### CMV retinitis:

- Presents with changes in vision: decreased acuities, visual field cuts, red/painful eye
- Requires urgent ophthalmology consult and IV ganciclovir