

At initiation of HAART, 75% of the investigated patients were in AIDS stage (A3 – 7,5%, B3 – 25%, C2 – 7,5% and C3 – 35%). The average CD4 value at HAART initiation was: I regimen – 214,11±16,77 cells/μl and II regimen – 146,61±22,92 cells/μl ($p < 0.05$). The average of viral load at HAART initiation was: I regimen – 1502,6±523,5 copies/ml and II regimen – 1623,5±794,5 copies/ml ($p < 0.05$). When assessed at 12 weeks 13 patients had undetectable viral load (I regimen - 7 (36,8%), II regimen - 6 (28,6%)), at 24 weeks - 9 patients had undetectable viral load (I - 5 (26,3 %), II - 4 (19,04%)) and at 36 weeks - 9 patients had undetectable viral load (I - 7 (36,8%), II - 2 (9,5%)). The increase in CD4 was for I regimen to 222,11±32,45 cells/μl, maintaining at the same level with the baseline, and for II regimen – 200,42±43,36 cells/μl (to 53,8 cells/μl - of 1,36 times from baseline) ($p < 0.05$).

Conclusions: This study showed that: 1. Over two thirds (70%) of HIV/AIDS – infected patients were detected late, with the number of T-lymphocytes $CD4 < 350$ cells/μl, with or without AIDS related conditions, fact that leads to the need of improving HIV testing strategies. 2. Effectiveness of ART regimen applied appreciated in terms of virological response is higher for I regimen (3TC+EFV+AZT), and in terms of immunologic response is higher for II regimen (TDF+FTC+EFV). The dissociated virological and immunological response at HAART, registered for some of the patients, in many cases is the result of insufficient adherence to treatment, which increases the risk of progression of the disease.

Key words: HIV/AIDS infection, antiretroviral therapy (HAART), late diagnoses.

VARICELLA COMPLICATED WITH LOBAR PNEUMONIA AND PARAPNEUMONIC PLEURISY

Olaru Claudia-Adriana

Academic adviser: Diaconescu Smaranda, M.D., Ph.D., Professor, Children Emergency Hospital „Sf. Maria”, Iasi, Romania

Introduction: Chickenpox is an acute, benign, highly contagious disease characterized by generalized vesicular exanthema with self-limited evolution. Pneumonia is the most serious complication of varicella, occurring more frequently in adults (>20%) than in children. An outbreak of the disease started in late autumn 2011 in Romania and continues at present.

Case report: The authors present the case of a 4 years old boy admitted into the Infectious Diseases Hospital with chickenpox. On the 4-th day of the disease high fever, dyspnea with tachypnea, intercostal retractions, pleuritic pain and cough appeared and the patient was transferred to the Children Hospital.

Clinical examination showed abolished left basal vesicular breath sound with wet crackles in the middle and superior lung area; chest X-ray revealed inferior left lobe pneumonia and mild pleural effusion. Tracheal aspirate culture was negative. Leucokytosis with neutrophilia and increased ESR and C-reactive protein was found.

Broad spectrum antibiotherapy was started with favourable evolution after 3 weeks.

Discussions: Among the most serious complications of varicella is pneumonia; it is less common in children than in adults but it may lead to death. However, the epidemic status in Romania in 2011-2012 was associated with an increased number of viral pneumonias; in our case the radiological aspect was highly suggestive for a secondary bacterial infection even with negative aspirate culture (explained by prior antibiotherapy). The history for chickenpox vaccine was negative in our patient. In Romania, chickenpox immunization is not included in the National Programme of Immunisations at this moment.