

115. DIAGNOSTIC ISSUES OF PULMONARY LESIONS IN PATIENTS WITH AIDS RELATED KAPOSI SARCOMA

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Introduction: AIDS-related Kaposi sarcoma is the most common presentation of Kaposi sarcoma. Lesions in Kaposi sarcoma may involve the skin, oral mucosa, lymph nodes, and visceral organs. Most patients present with cutaneous disease, although visceral disease may occasionally precede cutaneous manifestations. Pulmonary lesions may be an asymptomatic radiographic finding, as well as associated with respiratory clinical signs. Radiographic findings in patients with Kaposi sarcoma are variable and nonspecific. That could lead to important issues in differential diagnosis with AIDS associated pulmonary abnormalities of other etiologies, in special infections.

Purpose and Objectives: To discuss the differential diagnosis difficulties of pulmonary lesions in AIDS related Kaposi sarcoma, based on two cases from our experience.

Clinical cases: The first case is 36 years old, HIV positive, man with history of prior cured pulmonary tuberculosis (PTB), and actual level of CD4+ of 82 cells/ml. At current admission, he presented multiple diffuse papules on skin, consistent with cutaneous Kaposi sarcoma, and respiratory symptoms associated with bilateral confluent nodular opacities on his chest X ray. The sputum microbiological test for bacterial and fungal flora was negative as well as for *Mycobacterium tuberculosis* (MBT). Despite the fact that HRCT images were mostly suggestive for Kaposi sarcoma, the past history of pulmonary TB corroborated with low sensitivity of microbiological tests for MBT in this group of patients, lead to many concerns how to rule out the MBT etiology of the pulmonary abnormalities. The second case describe a similar situation in a 39 years old, HIV positive patient, with a CD4+ level of 50 cells/ml, without past history of tuberculosis. Despite the negative results of microbiological tests for MBT, during the current admission, he was diagnosed with PTB mainly based on clinical a radiological signs. At the same time, the skin lesions in this case were mostly absent, being represented only by two tiny small papules on his thorax, ignored during the physical examination. The case had a fatal course. The necropsy didn't confirm the PTB, but pulmonary Sarcoma Kaposi was established.

Conclusion: Pulmonary lesions in patients with AIDS related Kaposi sarcoma could be challenging and requiring a broad differential work up.

Keywords: Kaposi sarcoma, pulmonary lesions in AIDS

116. ALARMING INCREASE IN HIV INFECTION, HEPATITIS AND TUBERCULOSIS IN INJECTING DRUG USERS

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Background: In the last years we observed an alarming increase in the number of newly diagnosed HIV infected intravenous drug users (IDUs) co-infected with hepatitis viruses or with severe bacterial infections. The aim of our study was to assess the prevalence, the demographic and clinical characteristics and the outcome of IDUs diagnosed with HIV, hepatitis and tuberculosis (TB).

Materials and Methods: Prospective study on HIV infected IDUs with HCV and TB admitted at "Victor Babes" Clinical Hospital between January 2009 and December 2013.

Results: Out of 457 HIV infected IDUs, 126 (27.5%) were co-infected with HCV and MTB. The majority were males (84.7%), from urban areas (89.3%), unemployed (81%), with low education level (88%) and a mean age at diagnosis of 30 years (range 16-56). The mean CD4 cell count was 196/mm³ (range 2-1988). Serological markers for HBV were found in 12 patients (9.52%) and for HDV 2 (1.6%). MTB cultures were positive in 61 (48.4%) patients and 2 (1.7%)