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Pure red cell aplasia in a patient with human immunodeficiency virus infection

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A 52 year old patient with a known case of human immunodeficiency virus infection on zidovudine, lamivudine and nevirapine since 2 years, presented with severe fatigue. He had severe anemia with hemoglobin of 3.5 gm% with normal leucocyte and platelet counts. He had no lymphadenopathy or hepatosplenomegaly. His CD4 count was 584 and HIV viral load was undetectable. Zidovudine was thought to be the cause of anemia and cART was changed to tenofovir, lamivudine and efavirenz. He was given 3 units of packed red cell transfusion and was discharged from the hospital. Patient returned 3 weeks later with severe anemia. A bone marrow study was done which showed selective suppression of erythrocyte precursors suggestive of pure red cell aplasia. Parvovirus serology was negative. Lamivudine was substituted with emtricitabine with no response. Antiretroviral therapy was temporarily discontinued for 4 weeks with no response. Corticosteroid therapy was given but anemia persisted. Finally antiretroviral treatment was continued with weekly erythropoietin therapy. He has responded with increase in hemoglobin in 4 weeks.

Biography

Rama Bhat has completed his MBBS and MD in Internal Medicine from Mysore University and Goa University in 1988 and 1993 respectively. He is currently working as a Professor of Medicine at Manipal University, India. He has published 12 articles in national and international journals.

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