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Immunological non responder's as real or virtual phenomenon

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Statement of the Problem: HIV and Hepatitis C viral Infection (HCV) have same mode of transmission. A subset of HIV people on antiretroviral therapy (ART) achieves virological suppression but poor recovery of CD4 cell termed as immunological non-responders. It has been recommended to start HCV treatment in HIV coinfection if CD4 cells are more than 200/ml. Immunological non-responders could be a challenge to initiate HCV treatment especially in limited resources setting.

Case Description: A 24 years intravenous drug abuser male with HCV for last 3 years presented as HIV positive (CD4 - 186/ml) on July 2008. Despite ZDV/3TC/EFV for six months he did not achieve immunological recovery but his viral load was below 400copies/ml. On September 2009 he was presented with fever and constitutional symptoms for two weeks. On examination he was pale, icteric and had hepatospleenomegaly. Investigation revealed that pancytopenia, transaminitis, hepatospleenomegaly, sterile blood culture, normal chest X ray, sputum for acid fast bacilli and PCR for mycobacterium tuberculi negative, negative rK-39, malaria negative. He had CD4 of 156/ml, HIV viral load 72 copies/ml HCV RNA 15600copies/ml. Bone marrow aspiration revealed 3+ Leishmania Donovani (LD) bodies. ARV regimen was changed to TDF/3TC/EFV and tablet Miltefosine 50 mg twice a day for 28 days was initiated. He improved clinically and parasitologically. On April 2010 his second infection of Visceral Leishmaniasis (VL) was treated with injection amphoteracin B. On March 2011 and August 2012 he had third and fourth episode of VL infection and was treated with amphoteracin B plus miltefosine and liposomal amphoteracin B respectively. However the fourth episode was continued with secondary prophylaxis for six months with immunological recovery (CD4 756/ml). On April 2015 his HCV was treated with 12 weeks sofosbuvir and daclatasvir with rapid viral and sustained viral response.

Significance: Immunological non responders might be virtual phenomena.

Biography

Vivek Kattel is Faculty Member of Internal Medicine and Incharge of Tropical and Infectious Disease Unit at Referral Hospital and Medical School BPKIHS, Nepal. He has been involved in training more than 300 Nepalese Medical Doctors working at remote part of the country on infectious diseases of Nepal as a national expert. He has contributed for the development of national guidelines on outbreak potential infectious disease of Nepal and management of Kala Azar in Nepal. His fields of interest are HIV/AIDS, acute undifferentiated fever and sepsis.

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