Otolaryngology: Open Access
ISSN: 2161-119X

Mini Review Open Access

HIV Infection in Infants and its Effects on ENT Physicians

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Abstract

The HIV infection epidemic is still horrifyingly widespread. There were 4.5 million fatalities from HIV in 2001, with an estimated 1.4 million children afflicted. In the UK, paediatric cases are concentrated in places with high populations of infected adult immigrants and, to a lesser extent, in regions with high IV drug misuse rates. The southeast and London continue to have the highest incidence. Any clinician in any field might anticipate working with children who are HIV positive or have clinical AIDS as a result of the countrywide redistribution of immigrant and refugee families. The majority of children are vertically infected, meaning they are infected before, during, or after birth by their infected mother. Rates of transmission range from 15% to 20% in developed countries.

ENT doctors may treat children with HIV infection as their initial presentation, and they should have the proper suspicion levels for the diagnosis. The most frequent presenting symptoms are fever, hepatosplenomegaly, chronic or recurring diarrhoea, persistent generalised lymphadenopathy, and poor development. By the age of 12 months, 15–20% of untreated infants will have an AIDS-defining disease, often Pneumocystis pneumonia around 3–4 months of age. Without treatment, 70% of perinatally infected infants will show some indications or symptoms by the time they are 12 months old; the median age at which AIDS progresses is 6 years; and, by this time, 25–30% will have passed away. The average death age is nine years.

As well as frequent or unusual ear infections, tonsillitis, orbital/peri-orbital cellulitis, oral candidiasis, and dental infections, children can also present with sinus disease (including mastoiditis), ear infections, and sinusitis. Strep. Pneumonia and group streptococcus infections are frequent, and they frequently develop into severe systemic infections with a significant mortality. Unusual pathogens including Pseudomonas, "typical" and atypical Mycobacteria, Candida, Aspergillus, etc. can cause infections. Aspergillus and Rhizopus spp. infections of the sinuses can be particularly harmful because they spread quickly to affect bone and the central nervous system. Bilateral parotid enlargement is another traditional symptom that ENT practitioners may see, particularly in children who are "slow progresses" and who frequently develop lymphoid interstitial pneumonitis (LIP).

Advances in three key areas have led to a significant shift in attitudes: I the multidisciplinary management of the infected mother (including counselling, antenatal screening, elective caesarean section, advising against breastfeeding, etc.); (ii) the prevention of vertical transmission, using anti-retroviral therapy to the infected mother during pregnancy and to the potentially infected infant in the first few weeks of life; and (iii) significant advancements because of the development of new technologies Transmission rates could be lowered to 2% with the help of these strategies. However, none of the approaches affect a cure, and it will still be many years before efficient vaccines are developed.

Children who have previously been diagnosed with HIV may be referred to ENT specialists. There are several potential risks when talking to diseased kids (and their parents), so doing so requires cautious planning. The AIDS epidemic has necessitated a significant amount of reconsideration in many infection-control approaches. This has particularly been the case with regard to surgical safety, post-exposure prophylaxis, equipment sanitation and reuse, and needle stick injuries.

Keywords: Grit Personality; Grit score; Grit trait in medical students; Grit trait in doctors

Introduction

Numerous illnesses that are treated at the ENT emergency clinic are ambulatory in nature. Junior doctors now rotate every four months as a result of training changes, and fewer of them have prior ENT experience. Rates of admission and discharge without follow-up can be used as indicators of clinical skill and calibre of patient care. This study compares the first and last two months of young doctors' attachments to examine their admission and discharge practises in an ENT department [1].

Around the world, high prevalence and inadequate control of hypertension have been a challenge to public health. Malaysia has a strong and extensive healthcare system that is mostly run by the Ministry of Health. The infant mortality rate, which is used to gauge the overall effectiveness of healthcare, was 10 in 2005, which compares favourably with Western Europe and the United States. The healthcare system in Malaysia is two-tiered, with the public sector being run and funded by the government, and the private sector coexisting alongside it [2]. The best medical facilities and technology in the nation are found in the public sector, which offers healthcare to more than 65% of the population. However, the biggest problem is the lack of doctors in government hospitals. Numerous hypertension management

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Received: 30-Jun-2022, Manuscript No: ocr-22-71505, **Editor Assigned:** 02-Jul-2022, PreQC No: ocr-22-71505(PQ), **Reviewed:** 16-Jul-2022, QC No: ocr-22-71505, **Revised:** 21-Jul-2022, Manuscript No: ocr-22-71505(R), **Published:** 28-Jul-2022, DOI: 10.4172/2161-119X.1000475

Citation: Asghari A (2022) HIV Infection in Infants and its Effects on ENT Physicians. Otolaryngol (Sunnyvale) 12: 475.

guidelines have been created and circulated globally in an effort to enhance hypertension control [3]. Despite the existence, accessibility, and potential for improving hypertension control of guidelines, published literature from the US, Zimbabwe, Malaysia, India, South Africa, Cyprus, Sweden, Kuwait, Jordan, Pakistan, and Italy suggests that there is a significant gap between the recommended clinical practises of guidelines and actual clinical practises. Cabana et al. divide the factors influencing behaviour into three categories: those that affect knowledge, such as lack of awareness and familiarity, those that affect attitudes, such as disagreement, lack of outcome expectation, self-efficacy, and motivation, and those that affect behaviour, such as patient characteristics, guidelines, and practise [4].

Materials and Method

The qualitative literature underwent a thorough review. The seven steps of Noblit and Hare's meta-ethnography were used to guide the investigation of the literature, and the final synthesis was presented as a thematic analysis of the literature. From October 2010 to April 2011, a cross-sectional study was carried out in the cardiology, nephrology, diabetes, and hypertension clinics at Penang General Hospital (PGH) in Malaysia. The study included all of the clinicians working at the four clinics (13 at the cardiology clinic, 5 at the nephrology clinic, and 4 at each of the clinics for diabetes and hypertension). Prior to the study's start, written consent was obtained [5].

One in eight teenagers between the ages of 15 and 17 binge drank at least once a month. It is really concerning to see that one in fifty young teens was labelled as "alcohol addicted." Males, White people, people who live away from their parents, teenagers who reported a decline in their health, people with back issues, and those who are depressed all had increased probabilities of binge drinking. Smoking status and binge drinking behaviour were substantially correlated. Less than 10% of kids who engage in binge drinking saw or spoke with a doctor at least once in the previous year, despite the fact that 75% of all binge drinking teens had done so. This finding points to the need for better outreach and screening efforts [6].

Family physicians need to be aware of the health issues linked to binge drinking's rising prevalence. According to earlier research, back discomfort and issues were linked to alcohol misuse in the bivariate analysis. According to research, alcohol may occasionally be used as a kind of self-medication for physical discomfort [7]. This conclusion that people with deteriorating health had almost two times the likelihood of binge drinking may also be supported by this research. We discovered that the absence of social support was related to binge drinking, which is consistent with Jukkala and colleagues' findings. Many of our other findings were also consistent with earlier research, such as the finding that non-White teenagers binge drink less frequently than White adolescents [8].

Family doctors should be especially aware of the possibility that binge drinking is a predictor of other adverse outcomes, such as suicidal ideation and depression, both of which were found to be much more common in binge drinking teens than in nonbinding adolescents. Young girls who binge drink and consume large amounts of alcohol are twice as likely to attempt suicide compared to girls who do not drink, claim Miller and colleagues [9]. Alcoholism is linked to risky sexual behaviour, and it is more prevalent among those who exchange sex for food owing to extreme poverty. Alcohol addiction and binge drinking among women are significantly influenced by lower levels of social support and self-esteem [10].

Conclusion

Based on admission and discharge rates, younger doctors' experience affects patient care. Doctors who have the necessary training should treat patients to the highest standard of care. Senior feedback is appreciated for emergency ENT training. According to our findings, both medical students and NCHDs have high levels of grit compared to the general population. These levels rise with professional advancement, with consultants scoring the highest. This implies that Grit might be useful as a supplementary tool in the selection of candidates for training programmes and jobs requiring a high level of resilience, as well as a supplementary tool for tracking training progress from a personality and mental health viewpoint.

This study has demonstrated that a targeted, low-cost neurosurgery virtual lecture series was highly accepted and enhanced medical students' and junior doctors' knowledge and confidence in diagnosing and treating neurosurgical patients. Future development of this lecture series into a regional or national programme could further raise awareness of neurosurgery and, ultimately, enhance the treatment of patients who undergo neurosurgery.

Acknowledgement

None

Conflicts of Interest

None

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