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Acquired immune deficiency syndrome (AIDS)

Pinkerton family



Franklin

Healthy, immunized (DPT, polio vaccine)

* At 6 Months

Wight lose ,Severe diarrhea ,Fever ,Thrush ,Otitis media

* At 7 Months

Mild difficulty in breathing

* At 10 Months

Unsteady when standing, lost 1 Kg

Examinations and Tests

- Physical examination $\rightarrow \sqrt{\text{Candida}} \sqrt{\text{inspiratory rales}}$
- Blood test $\rightarrow \downarrow$ CD4 T cells
- Intradermal antigens (candida,TB) → NO DTH
- ELISA & Western Blot $\rightarrow \sqrt{AB}$ against HIV
 - ** Test the family! **
- Bronchial washing → Pneumocystis Carinii
 - ** trimethoprim and sulfa **
- Lung biopsy → CMV , RSV , Pseudomonas aeruginosa
- Duodenal biopsy → CMV

Hemoptysis → Respiratory failure → Death



Mrs. Pinkerton

- Low grade fever, swollen lymph nodes, My son is sick:(
- HIV positive! → AZT (Zidovudine)
- CD 4 T cell < 200
- Pneumocystis Carinii >> trimethoprim and sulfa
- Died of respiratory failure
- Asymptomatic : 4 years
- Mr. Pinkerton
- Remained Asymptomatic

What is the story?

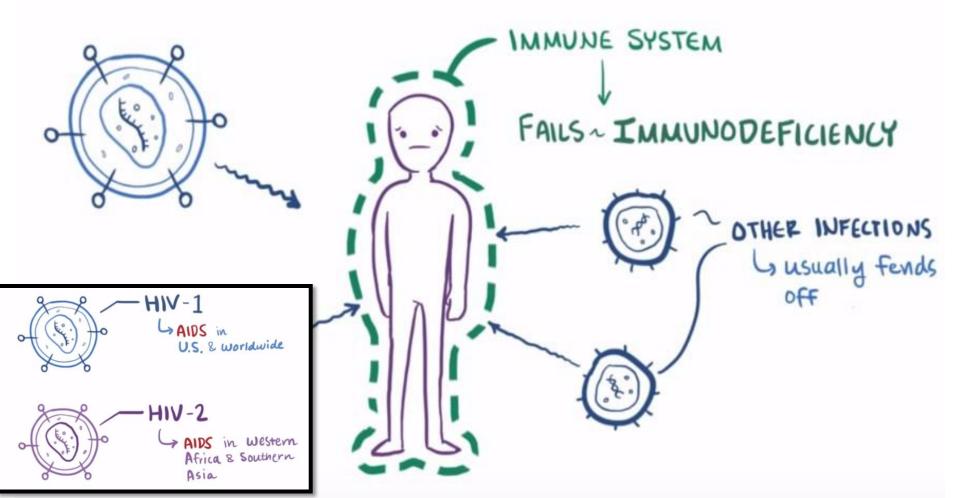
- Before Franklin, Cheiko got pregnant
- Her baby died inside her
- CS was done
- She lost a lot of blood

Contaminated blood transfusion

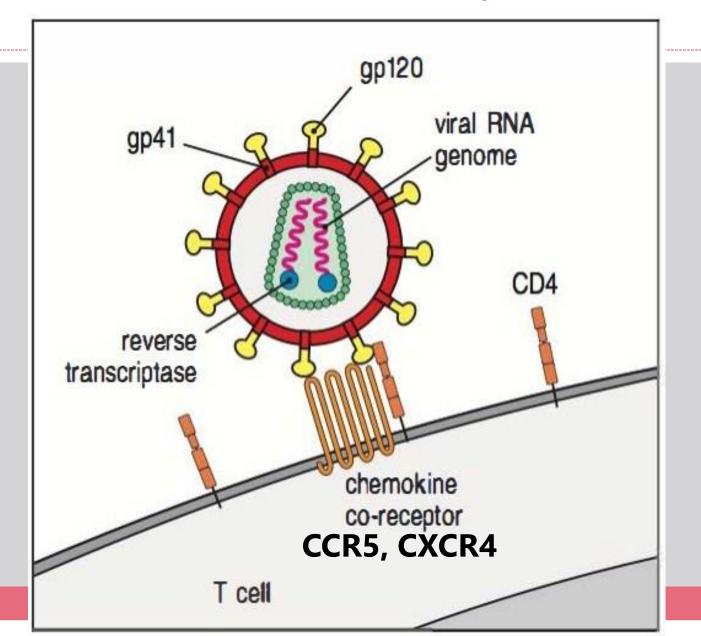


Human Immunodeficiency Virus (HIV)

HIV ~ HUMAN IMMUNODEFICIENCY VIRUS

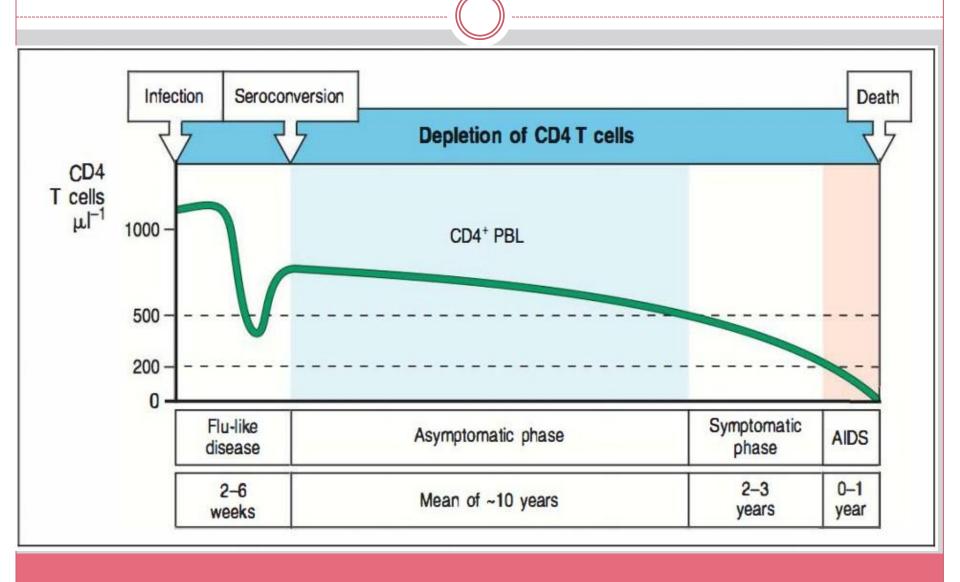


Human Immunodeficiency Virus (HIV)



- Target cells in immune system → fail → ↑ infections and ↑ tumors → AIDS
- Two known types, HIV- 1 and HIV-2.
- HIV-1: North and South America and in Europe, HIV-2: West Africa and Southeast Asia.
- Target CD4+ cells. (T cells, macrophage, megakaryocytes, glial cells).
- Gp120 bind both CD4 & the co receptor (CCR5 and CXCR4).
- Single stranded RNA retrovirus.
- Fatal opportunistic infections.

The typical course of infection with HIV.



- Contact with the virus does not necessarily result in infection.
- A mild viral illness within 6 weeks of infection is sustained, with flu like symptoms.
- It subsides at about the time that seroconversion (the appearance of antiHIV antibodies)
- period of clinical latency lasting years, and perhaps even decades. T cell > 500 cell/mm³.

Prodromal stage

AIDS

500-200 cell/mm³

- low-grade fever
- night sweats
- candidiasis (thrush) in the mouth.
- Swelling of lymph nodes
- 2-3 years

<**200** cell/mm³

- Immune system severely compromised
- HIV disease → AIDS
- Weight loss
- Excessive fatigue
- Persistent fever
- Diarrhea
- Opportunistic infections & rare tumors
- o-1 year

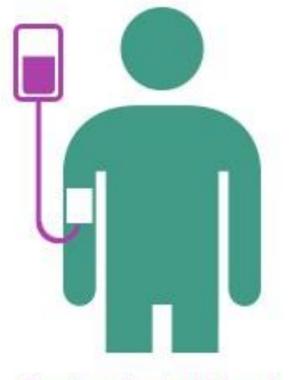


Routs of transmission





Sharing injecting equipment



Contaminated blood transfusions & organ transplants

homosexual and heterosexual intercourse

Routs of transmission

- homosexual and heterosexual intercourse
- infusion of contaminated blood or blood products
- contaminated needles, which are the major source of infection among drug addicts
- Vertical transmission during pregnancy, during delivery or, more uncommonly, by breastfeeding
- (↓) by giving HIV-positive pregnant women antiretroviral drugs such as **zidovudine**.

Opportunistic pathogens and cancers can kill AIDS patients

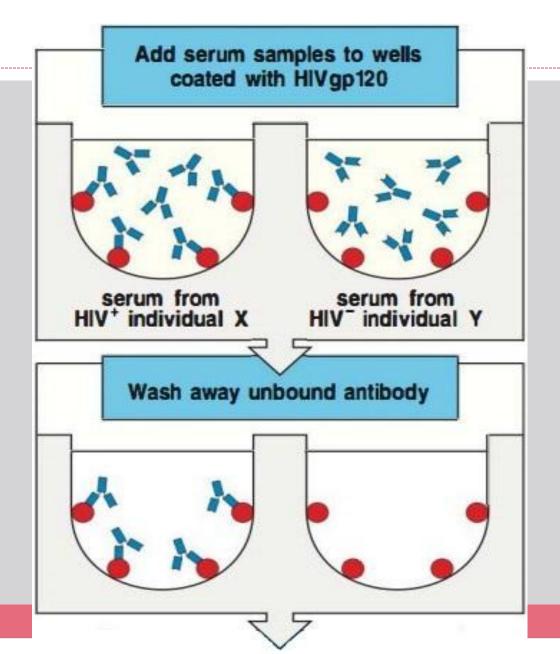
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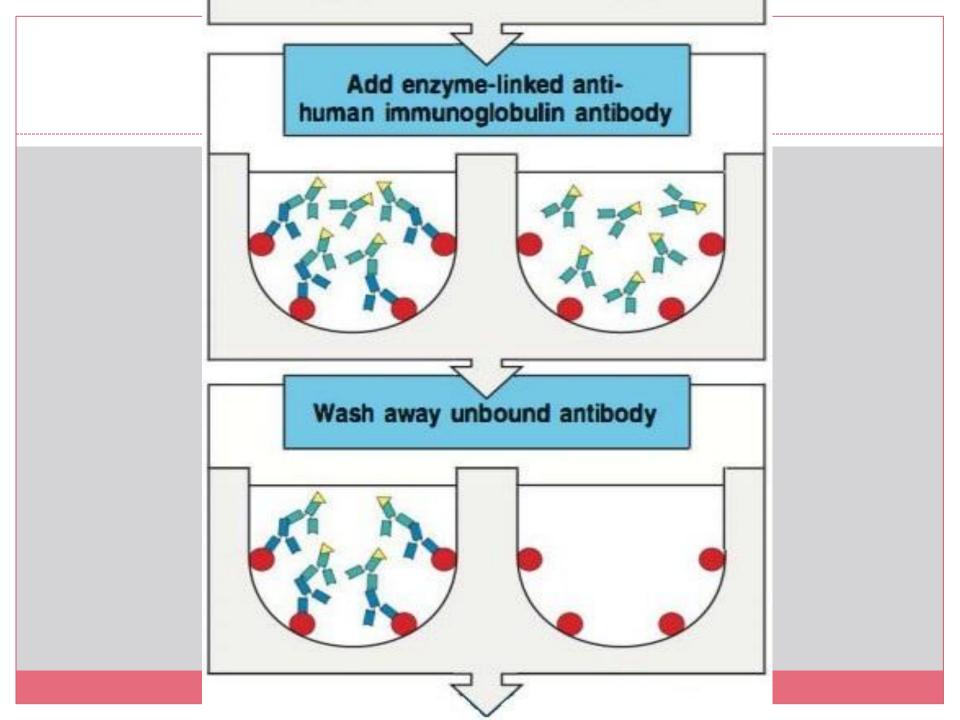
Parasites	Toxoplasma spp. Cryptosporidium spp. Leishmania spp. Microsporidium spp.		
Bacteria	Mycobacterium tuberculosis Mycobacterium avium intracellulare Salmonella spp.		
Fungi	Pneumocystis jirovecii Cryptococcus neoformans Candida spp. Histoplasma capsulatum Coccidioides immitis		
Viruses	Herpes simplex Cytomegalovirus Herpes zoster		

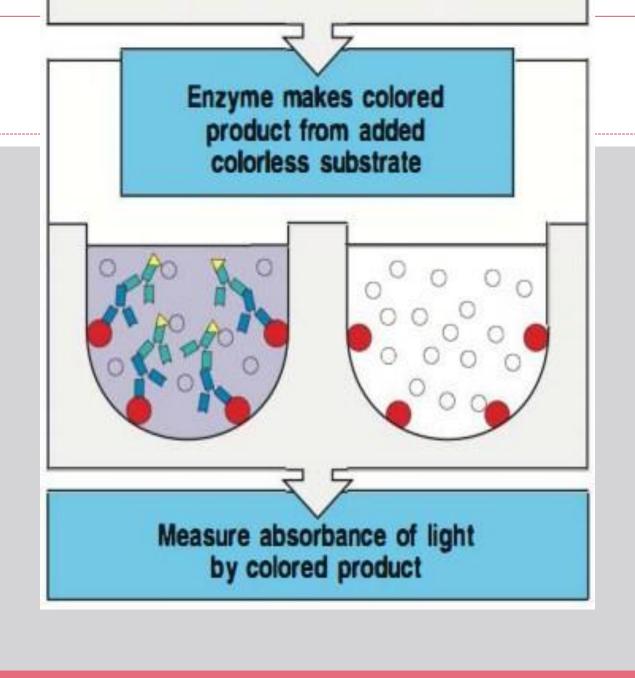
Malignancies

Kaposi's sarcoma (invasive)
Non-Hodgkin's lymphoma, including
EBV-positive Burkitt's lymphoma
Primary lymphoma of the brain

ELISA







Thank you:D