HIV ve Gastrointestinal Sistem

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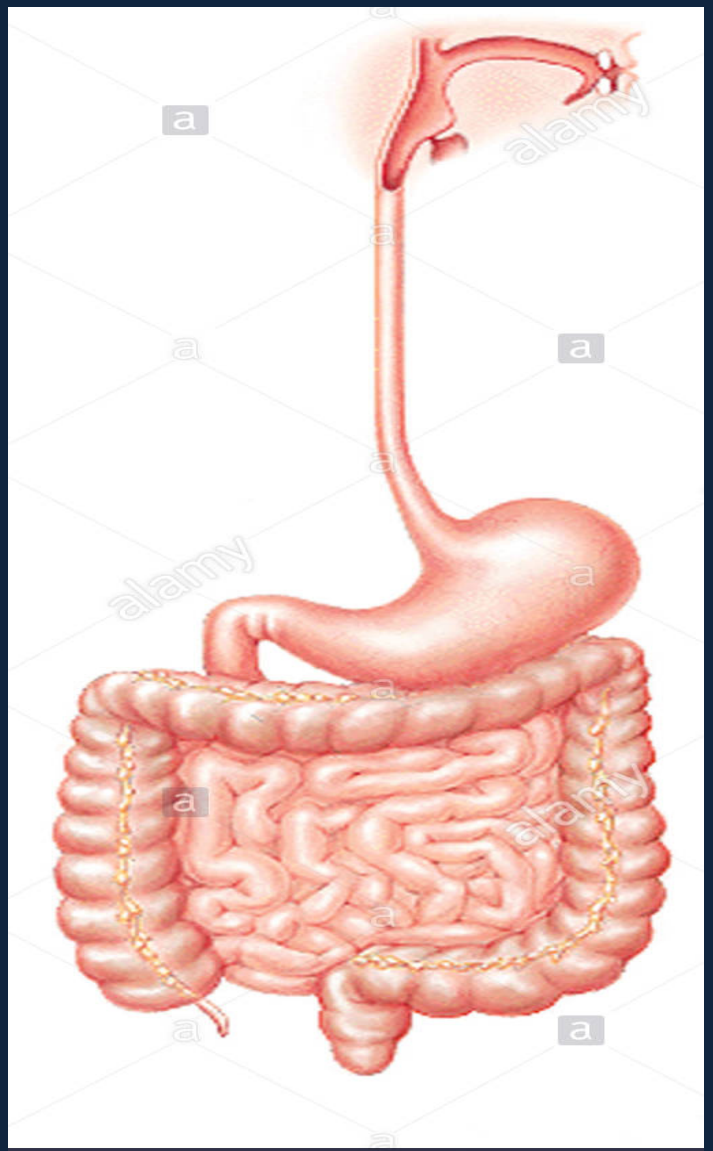
Gastroenteroloji Bilim Dalı

V. HIV/AIDS Kursu – 09.02.2020 Istanbul

GASTROİNTESTİNAL TÜP



DUODENUM %10

JEJENUM %40

İLEUM %50

TOTAL 3.5-4 METRE

GASTROİNTESTİNAL SİSTEM

HIV ve GIS

- GI ve HEPATOBİLİER KOMPLİKASYONLAR SIK.
- İMMUNSUPRESYON ya da TEDAVİ SEKONDER.
- GIS SEMPTOM ORANI %50-85
- EN SIK SEMPTOM DİARE.

Cello JP. *Gastroenterology* 2009;**136**:1952–65.

HIV ve DİARE - GALT

- PRİMER İNFEKSİYON DÖNEMİNDE VİRUS YÜKLÜ LENFOSİTLERİN BAĞIRSAK DUVARINA YERLEŞMESİ İLE BİRLİKTE %35 HASTADA DİARE GÖRÜLEBİLİR.
- İLERLEYEN DÖNEMDE CD4+ T HÜCRE SAYISININ 200/mm³ ALTINA DÜŞMESİYLE ÇEŞİTLİ VİRAL, BAKTERİYEL, MİKOTİK YA DA PARAZİTER ENFEKSİYONLAR GÖRÜLÜR.

Niu MT. *J Infect Dis* 1993;**168**:1490-501.

HIV ve DİARE - ANAMNEZ

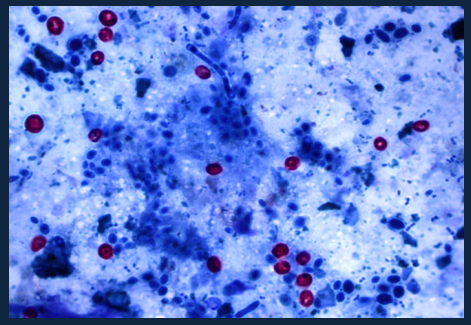
- SÜRE
- DIŞKILAMA SAYISI – RENK ve FORM
- TENEZM – GECE DIŞKILAMASI
- KAN VE MÜKÜS VARLIĞI
- ATEŞ
- İŞTAH DURUMU
- KİLO KAYBI

HIV ve DİARE - MUAYENE

- BOY ve KİLO
- KARIN MUAYENESİ
- REKTAL MUAYENE

HIV ve DİARE - TESTLER

- DIŞKI İNCELEMESİ



MİKROSKOPİ: LÖKOSİT, ERİTROSİT, PARAZİT

TRİKROM BOYAMA: MİCROSPORİDİA

KÜLTÜR VE TBC KÜLTÜRÜ

C. DİFFİCİLE TOKSİN A+B

GİARDİA VE CRYPTOSPORİDİUM EIA

HIV ve DİARE - TESTLER

- KAN TESTLERİ

  TAM KAN SAYIMI

  CD4+ T HÜCRESİ SAYISI

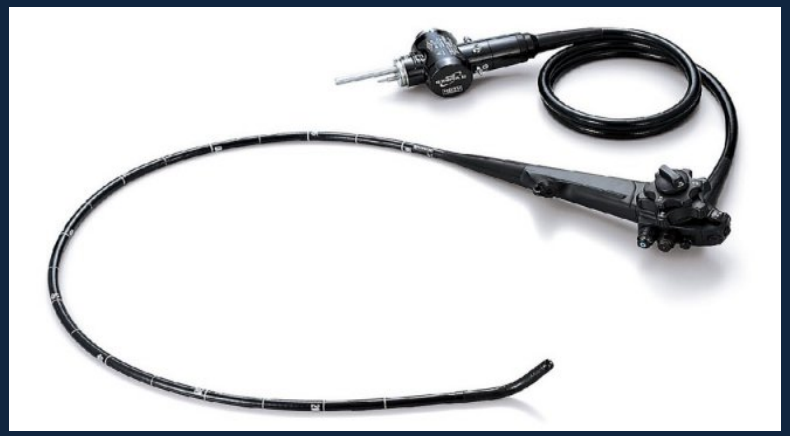
  HIV RNA DÜZEYİ

  KÜLTÜR VE TBC KÜLTÜRÜ

  QUANTİFERON

HIV ve DİARE - ENDOSKOPİ

- ENDOSKOPİ



GASTROSKOPİ

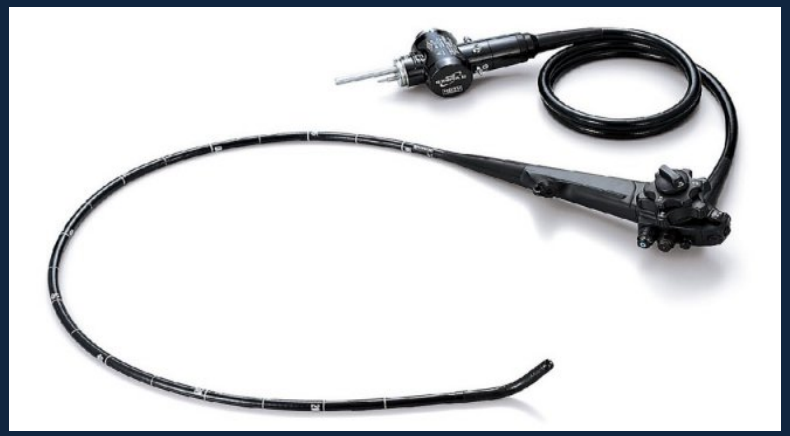
(+İNCE BAĞIRSAK BİYOPSİSİ)

KOLONOSKOPİ

(+ İLEUM ve KOLON BİYOPSİLERİ)

HIV ve DİARE - ENDOSKOPİ

- ENDOSKOPİ



GASTROSKOPİ

(+İNCE BAĞIRSAK BİYOPSİSİ)

KOLONOSKOPİ

(+ İLEUM ve KOLON BİYOPSİLERİ)

HIV ve DİARE – SIKLIK %85

Patojen	İnce bağırsak (duodenum/jejunum)	Kolon-terminal ileum
Bakteri	Salmonella Escherishia coli MAC/M.tuberculosis M.genevense	Campylobacter Shigella Clostridium difficili Vibrio parahemolyticus Yersinia Aeromonas hydrophilia
Mantar	Histoplasma capsulatum Cryptococcus neoformans	
Virus	Rotavirus ?HIV	CMV Adenovirus HSV
Protozoa	Cryptosporidium Mikrosporidium Isospora Cyclospora Giardia lamblia	Entamoeba histolytica

HIV ve DİARE – CD4+ SAYISINA GÖRE

İshalli hastalık yapan potansiyel patojeni belirlemesi açısından absolu CD4 sayısı (x10>6/l)

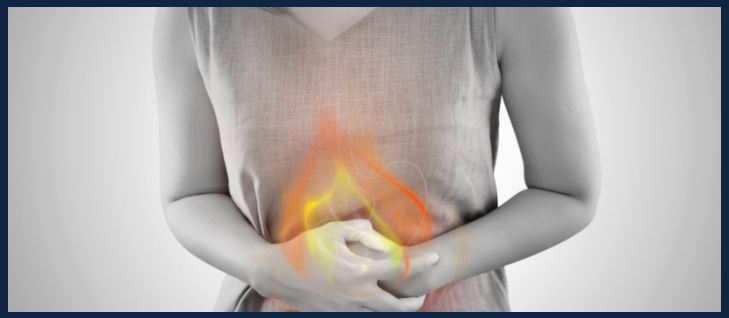
Patojen	>200	<100
Bakteri	Salmonella Shigella Campylobacter Yersinia Clostridium diffcile Mycobacterium tuberculosis	? E.coli Mycobacterium avium
Virus	Adenovirus Rotavirus HSV ? HIV	CMV
Protozoa	Giardia lambia Entomoeba histolytica	Microsporidium Cryptosporidium Isospora Cyclospora
Mantar	Histoplasma	Cryptococcus Aspergillus

HIV ve DİARE - TEDAVİ

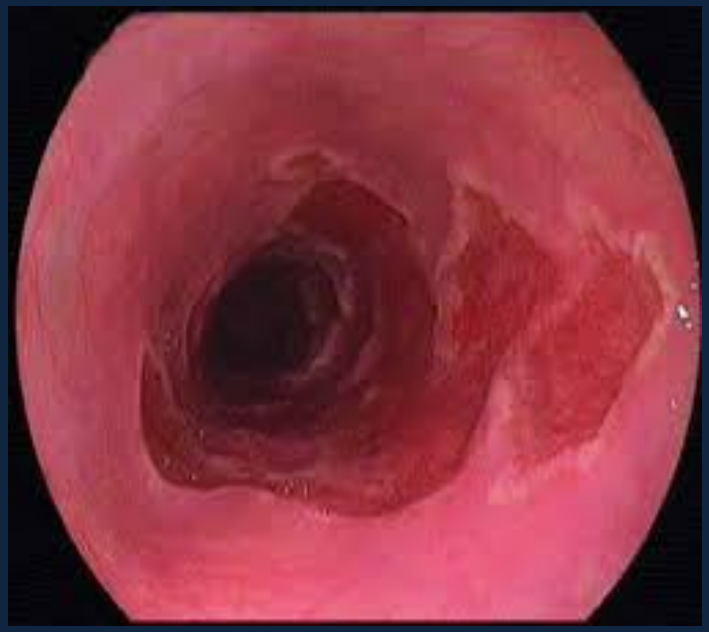
- SPESİFİK ANTİBİOTİK ve ANTİVİRALLER
- İNCE BAĞIRSAK TİPİ DİAREDE SIVI REPLASMANI
- ANTİ-MOTİLİTE AJANLAR (LOPERAMİD – KODEİN)
- İBH ve İBS ÖZEL TEDAVİ

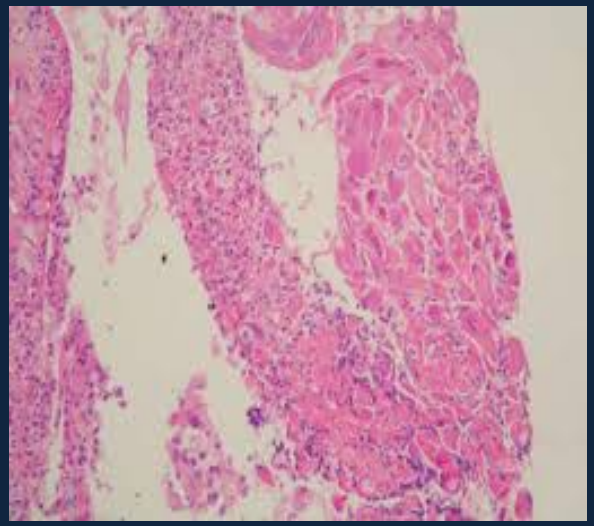
ÖZOFAGUS

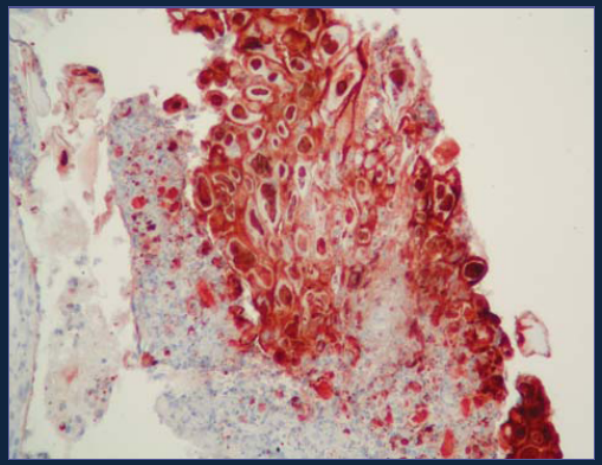
- DİSFAJİ
- ODİNOFAJİ
- RETROSTERNAL AĞRI
- RETROSTERNAL YANMA



HSV ÖZOFAJİTİ

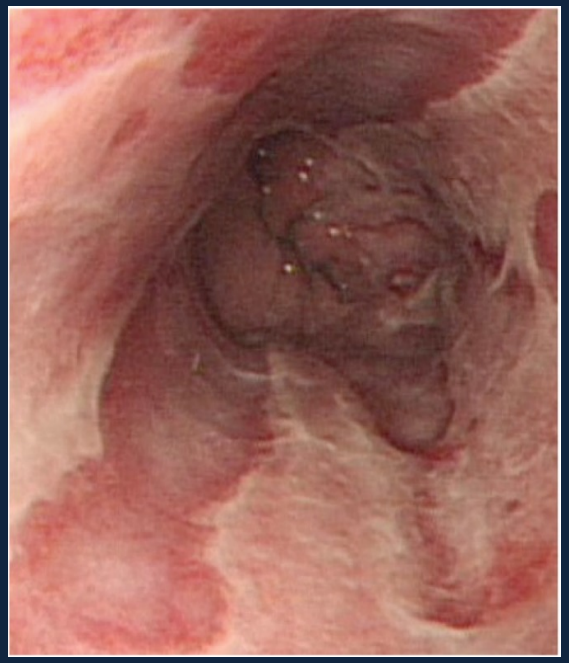


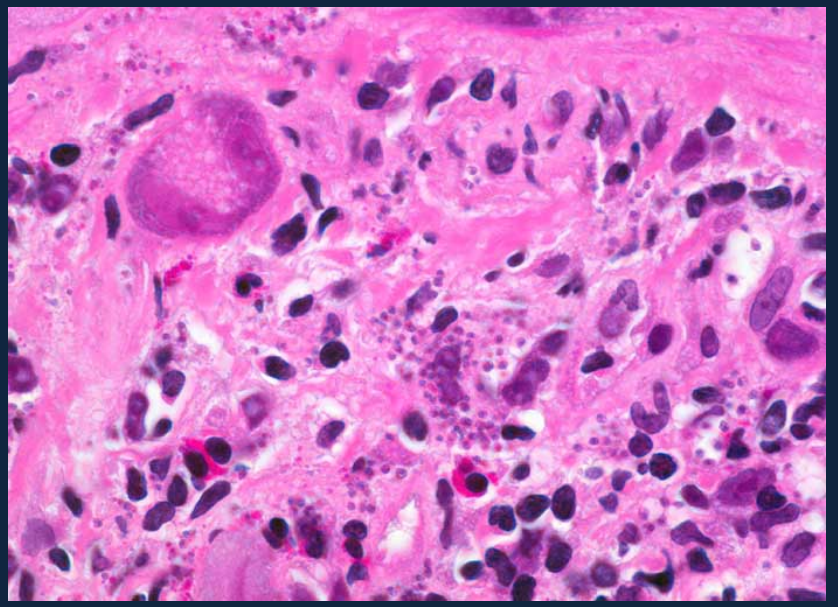




TEDAVİ: ASİKLOVİR-FOSCARNET-FAMSİKLOVİR

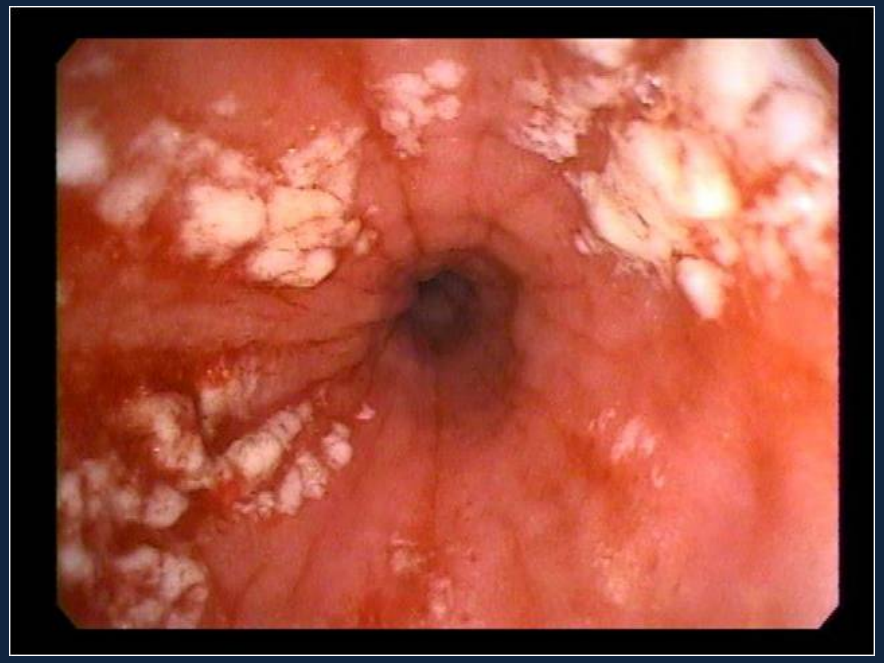
CMV ÖZOFAJİTİ

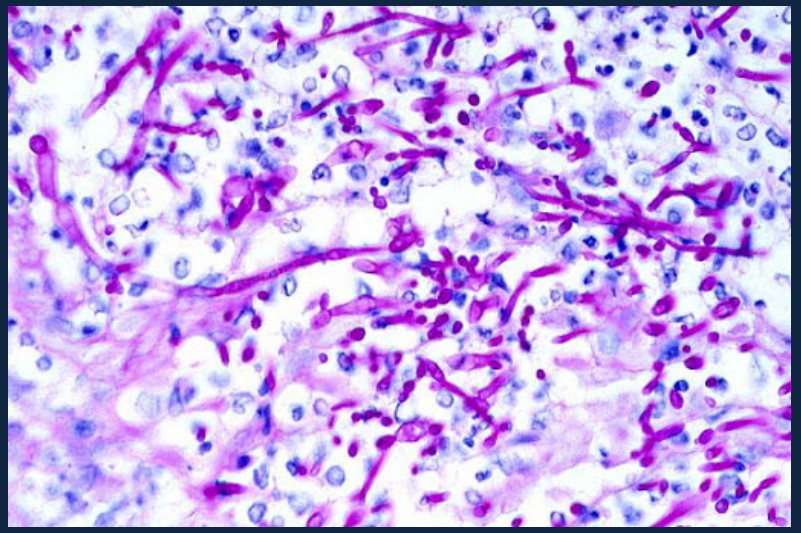




TEDAVİ: GANSİKLOVİR - VALGANSİKLOVİR

CANDİDA ÖZOFAJİTİ

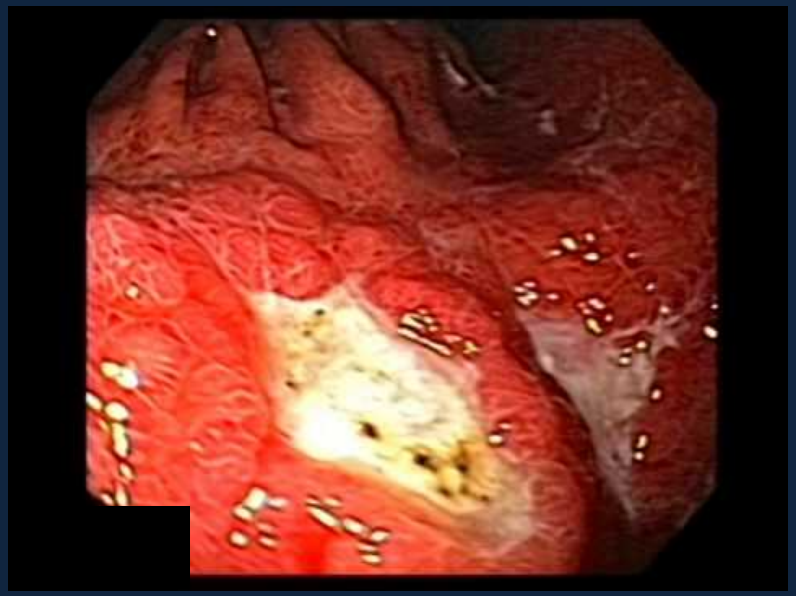




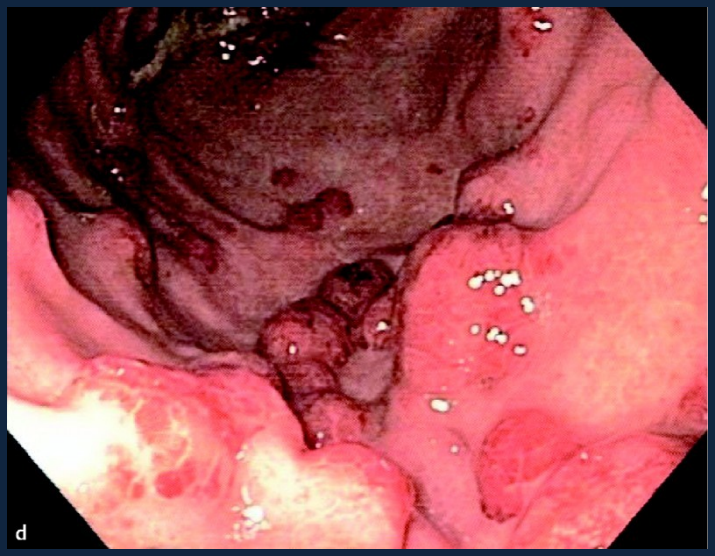
TEDAVİ: FLUKANAZOL - AMFOTERİSİN

HIV ve MİDE
KANAMA – OBSTRUKSİYON - PERFORASYON

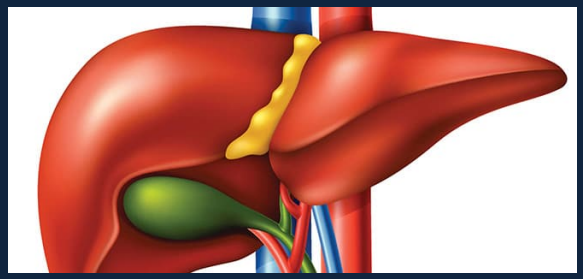
- DİFFÜZ BÜYÜK B HÜCRELİ NHL



- KAPOSİ SARKOMU



HIV ve KARACİĞER

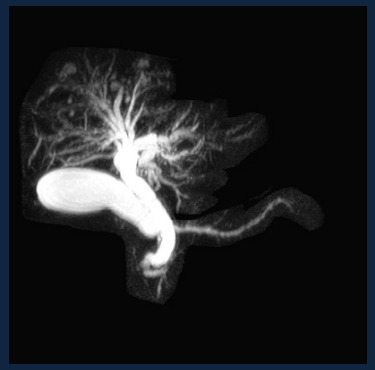


PARENKİMAL

- İLACA BAĞLI HEPATİT
- MAC
- CMV
- CRİPTOCOCCUS
- LENFOMA
- KAPOSİ

BİLİER

- CRYPTOSPORİDİUM
- MİCROSPORİDİUM
- CMV
- HSV
- LENFOMA
- KAPOSİ



OLGU SUNUMLARI

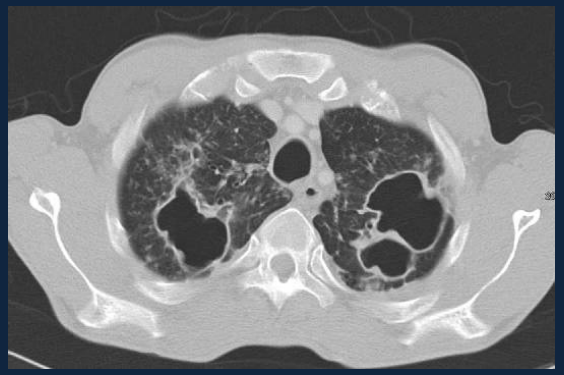
OLGU-1

- ZK, 32 y, KADIN, EVLİ
- 2007 EŞİ anti HIV(+) – KENDİ DE anti HIV(+)

- 2009 COMBİVİR + KALETRA + BACTRİM

- BULANTI-KUSMA
- DÜZENLİ İLAÇ KULLANMAMIŞ.

OLGU-1

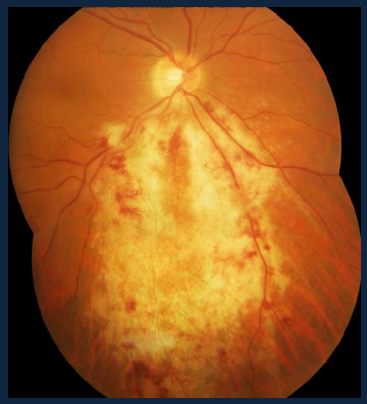


- 08/2011 TORAKS BT:KAVİTER LEZYONLAR
- DÖRTLÜ anti-TBC TEDAVİ
- 2 HAFTA İÇİNDE ATEŞ CEVABI (+)
- Anti-TBC ve
- COMBİVİR-KALETRA-BACTRİM-AZİTRO TABURCU

OLGU-1

- 10/2011 BT: İLAVE NODÜLLER (+)
- BAL: EZN -, MANTAR KÜLTÜRÜ-.
- Anti-TBC ALDIĞI İÇİN KALETRA---STOCRİN SWİTCH
- 04/2012: DİRENÇ SONUCU SONRASI
- TRUVADA, DARUNAVİR 1x800, RİTONAVİR 1x100 mg DEVAM.
- RİFAMPİSİN-----RİFABUTİN SWİTCH

OLGU-1

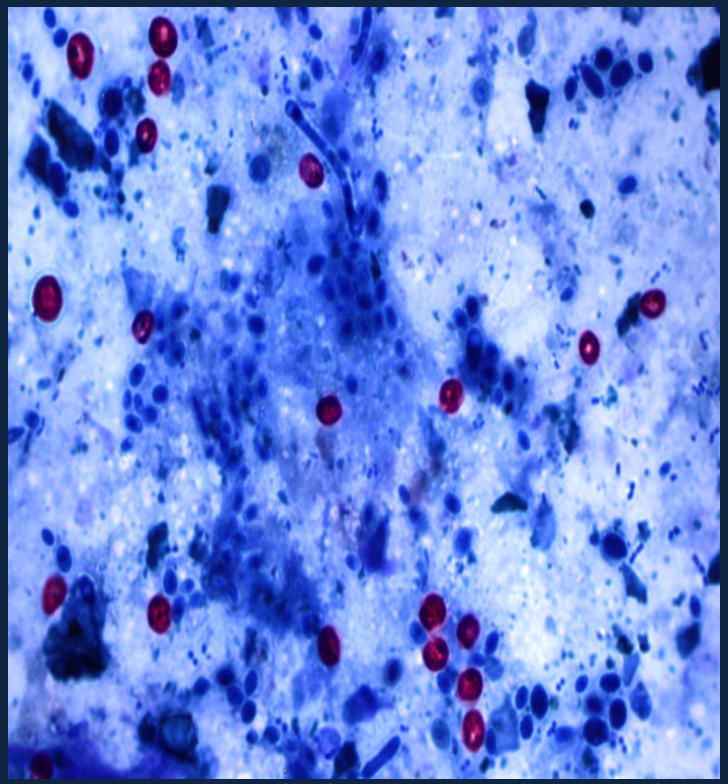


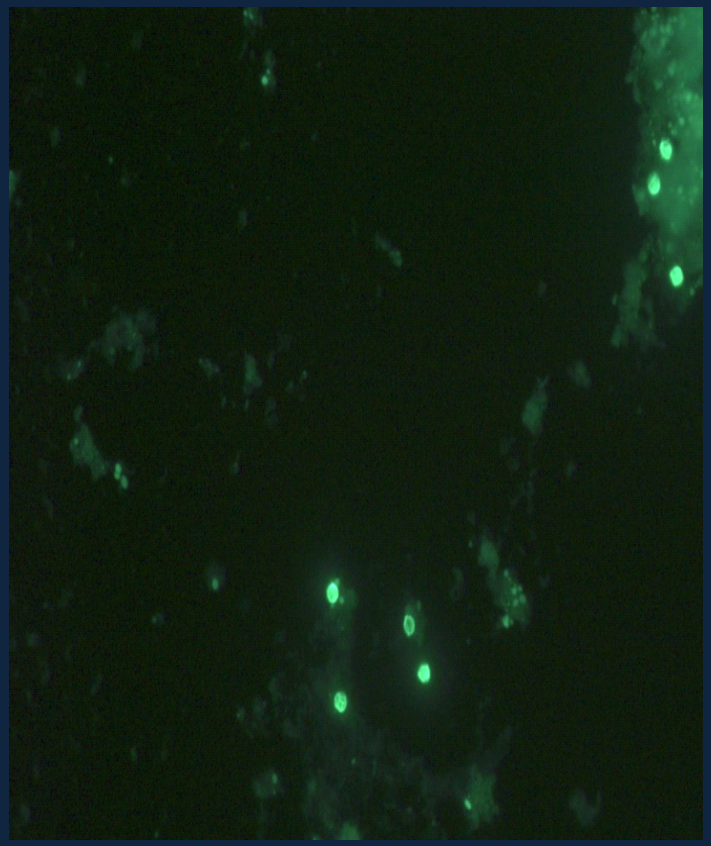
- 12/2012: ATEŞ İLE İNTERNE
- HIV RNA 1 000 000 kopya/ml, CD4+ 8/mm^3
- CMV RETİNİTİ-----VALGANSİKLOVİR
- TENOFOVİR+LAM+ZİDOVUDİN+DARUNAVİR+ RİTONAVİR
- RALTEGRAVİR İÇİN ENDİKASYON DIŞI BAŞVURU

OLGU-1

- 03/2013 BT:KLİNİK İYİ – LEZYONLAR AYNI
- Anti-TBC TEDAVİ STOP
- TRUVADA + DARUNAVİR + RALTEGRAVİR + RİTONAVİR + BACTRİM + AZİTROMİSİN.
- 04/2013: RALTEGRAVİR SONRASI İSHAL
- DIŞKI İNCELEMESİNDE ÖZELLİK YOK.
- 05/2013: İSHAL DEVAM EDİYOR.

OLGU-1



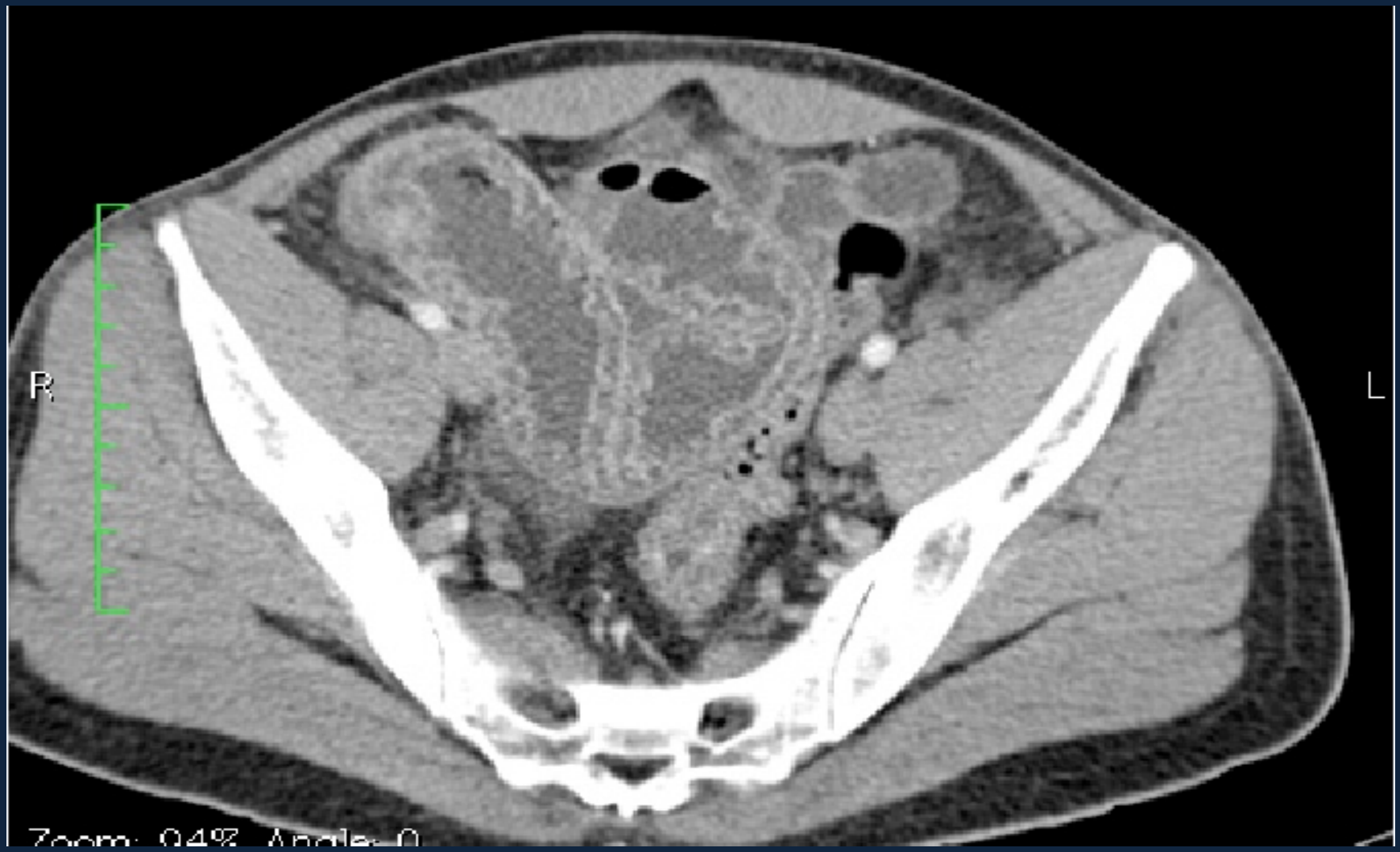


- CRYPTOSPORİDİUM OOKİSTLERİ
- NİTAZOKSANİD 3x500 mg
- HASTA YATIŞININ 5. AYINDA VEFAT ETTİ.

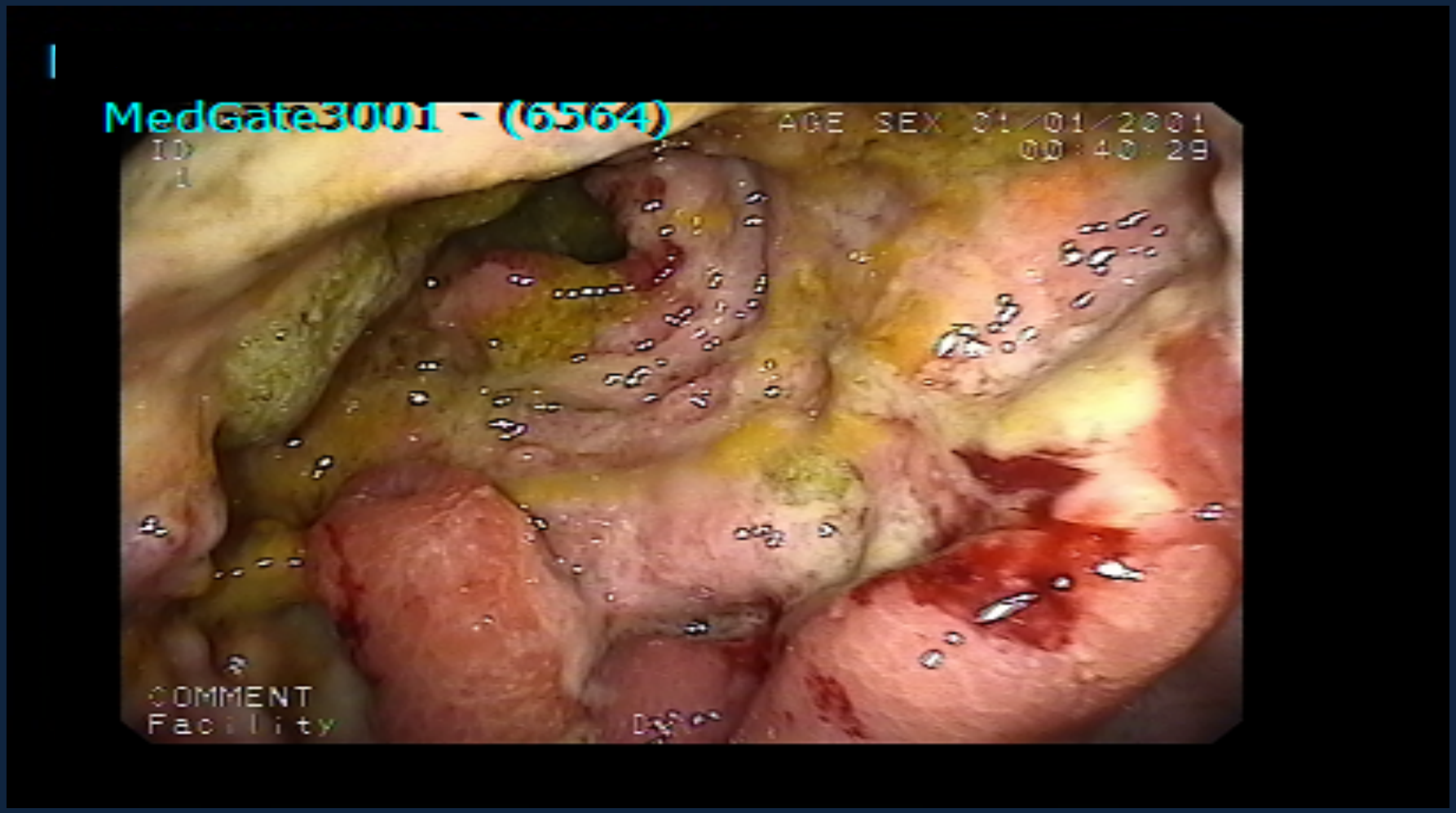
OLGU-2 ---11/2016

- 42 YAŞ, ERKEK, BİLİNEN HASTALIK YOK.
- 1 YILDIR GİDEREK ARTAN KİLO KAYBI (30 kg)
- GECE TERLEMESİ, ATEŞ
- SON 1 YILDA ARALIKLI İSHAL.
- AKUT FAZ YÜKSEK

OLGU-2 - BT

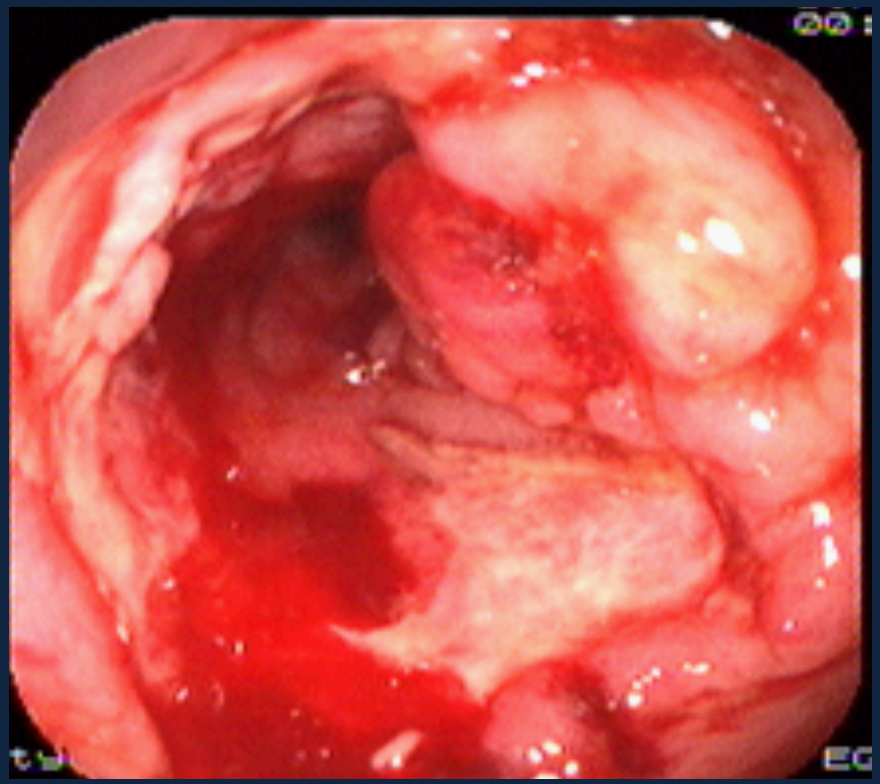


OLGU-2 - KOLONOSKOPİ



DOKUDA EZN (-), TBC PCR (-), LÖWENSTEİN SONUCU BEKLENİYOR

OLGU-2 – MORFOLOJİ AYIRICI TANI



- CROHN: %40 İLEOKOLON - %40 İZOLE İLEUM - %20 İZOLE KOLON
- TBC: ÖN PLANDA ÇEKUM OMAK ÜZERE İLEOÇEKAL ALAN

OLGU-2 - LABORATUAR

	Sonuç	Birim
Hemogram		
WBC	6,9	10^3 mm3
RBC	3,7	10^6 mm3
HGB	10,1	g/dl
HCT	30,6	%
MCV	84	fl
MCH	27,6	pg
MCHC	32,8	g/dl
RDW	17	%
PLT	238	10^3 mm3
MPV	8,6	fl
PCT	0,2	%
PDW	16,7	%
NEUT	5,4	10^3 mm3
LYMPH	0,9	10^3 mm3
MONO	0,5	10^3 mm3
EOS	0	10^3 mm3
BASO	0	10^3 mm3
NEUT %	78,9	%
LYMPH %	13,5	%
MONO %	7,6	%
EOS %	0	%
BASO %	0	%

Biyokimya	Sonuç		Birim	Referans
Glukoz	80		mg/dl	74 - 109
Üre	**14**	**L**	mg/dl	17 - 49
Kreatinin	**0,45**	**L**	mg/dl	0,7 - 1,2
AST	22		IU/L	< 40
ALT	15		IU/L	< 41
Albümin	**2,16**	**L**	gr/dl	3,5 - 5,2
Total Protein	**5,72**	**L**	g/dl	6,4 - 8,3
CRP	**86,42**	**H**	mg/L	< 5
Direkt Bilirubin	0,14		mg/dl	< 0,3
Total Bilirubin	0,23		mg/dl	0,2 - 1,2
İndirekt Bilirubin	0,09		mg/dl	
Sodyum	**133**	**L**	mmol/L	136 - 145
Potasyum	3,91		mmol/L	3,5 - 5,1
Klor	99		mmol/L	98 - 107
Fosfor	2,9		mg/dl	2,5 - 4,5
Kalsiyum	**7,44**	**L**	mg/dl	8,4 - 10,2
Magnezyum	1,87		mg/dl	1,6 - 2,6
LDH	149		IU/L	< 250
GGT	**102**	**H**	IU/L	< 60
Ürik Asit	**1,6**	**L**	mg/dl	3,4 - 7
ALP	68		U/L	40 - 130
Amilaz	64		U/L	28 - 100

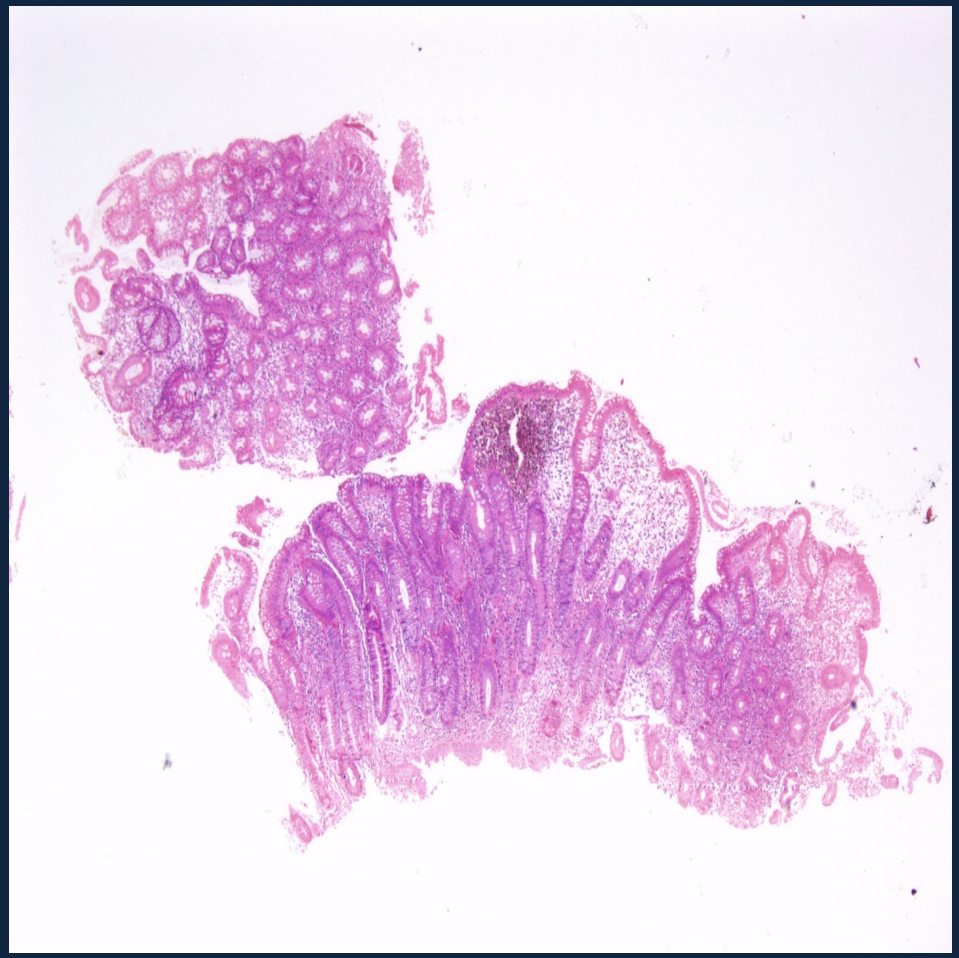
OLGU 2 - LABORATUAR

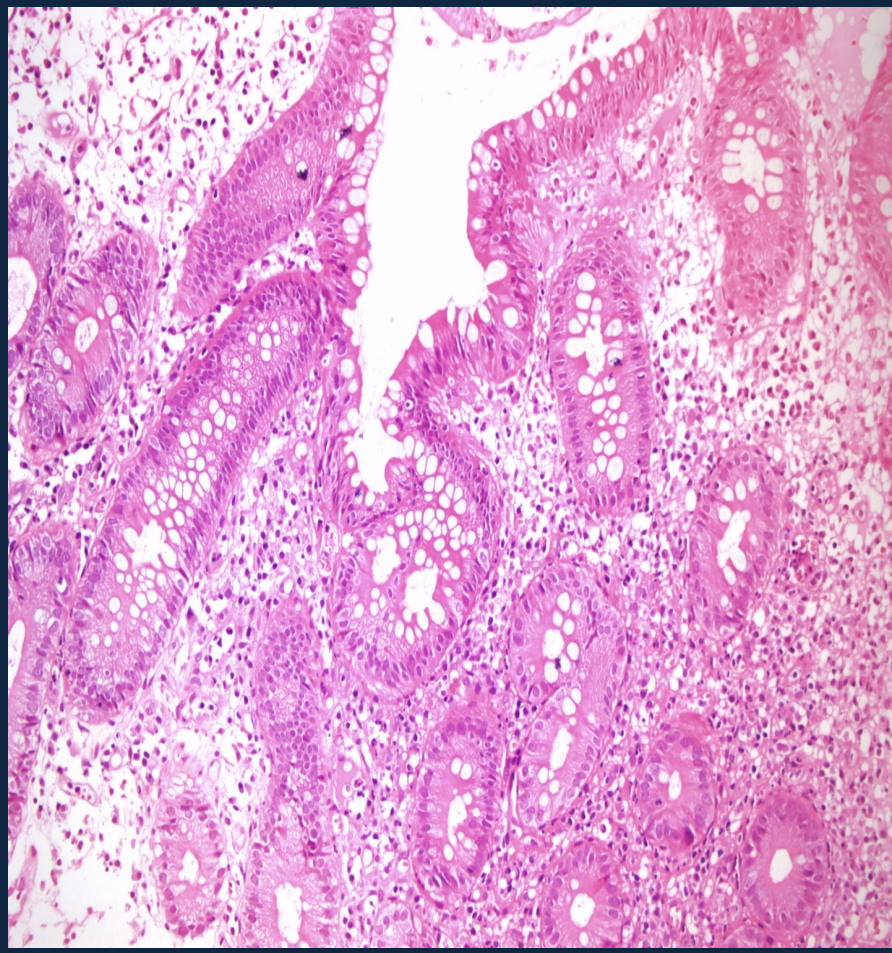
- PPD: ANERJİK
- QUANTİFERON (-)
- KOLON BX: EZN (-); TBC-PCR (-)
- BALGAM VE DIŞKI x3 EZN (-)
- TORAKS BT: NORMAL
- 4’LÜ anti-TBC BAŞLANILDI.

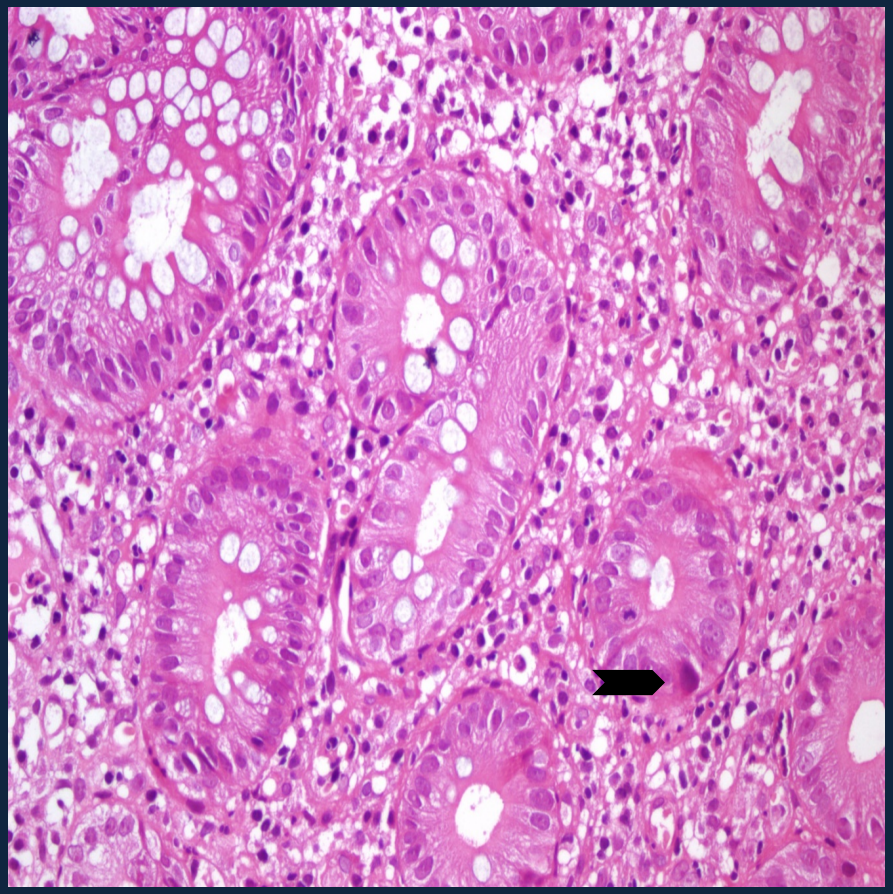
OLGU 2 - LABORATUAR

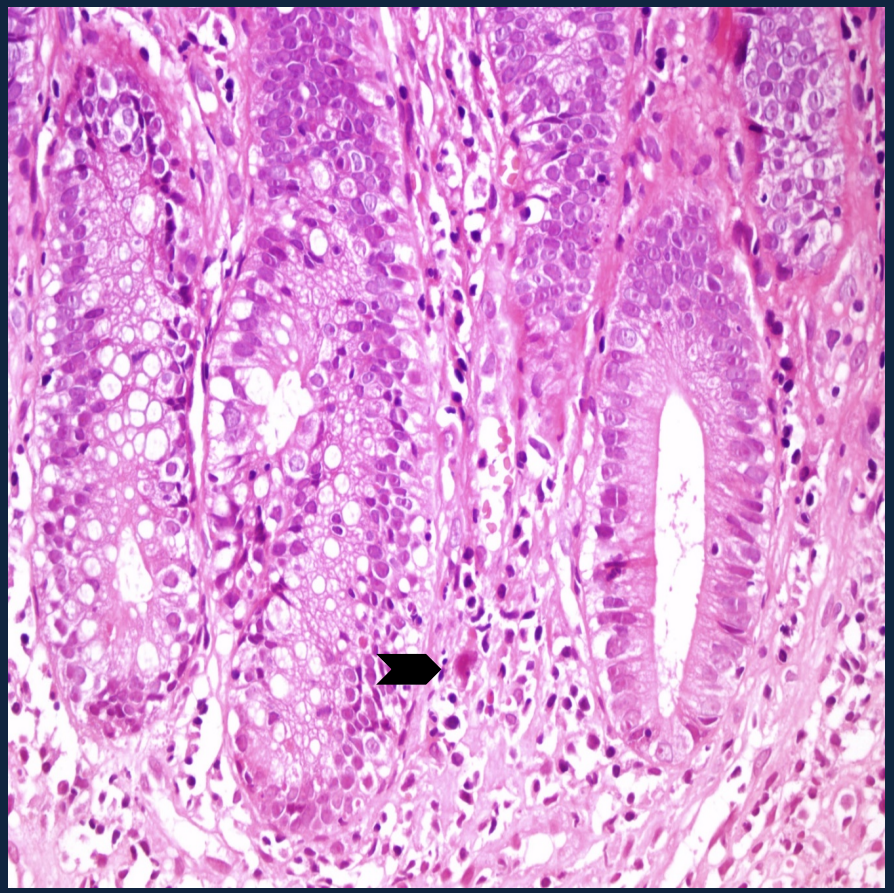
- Anti HIV (+)
- WESTERN-BLOT (+)
- HIV RNA: 371.280 kopya/ml
- CMV DNA :1.661 kopya/ml
- CD4 196/mm^3

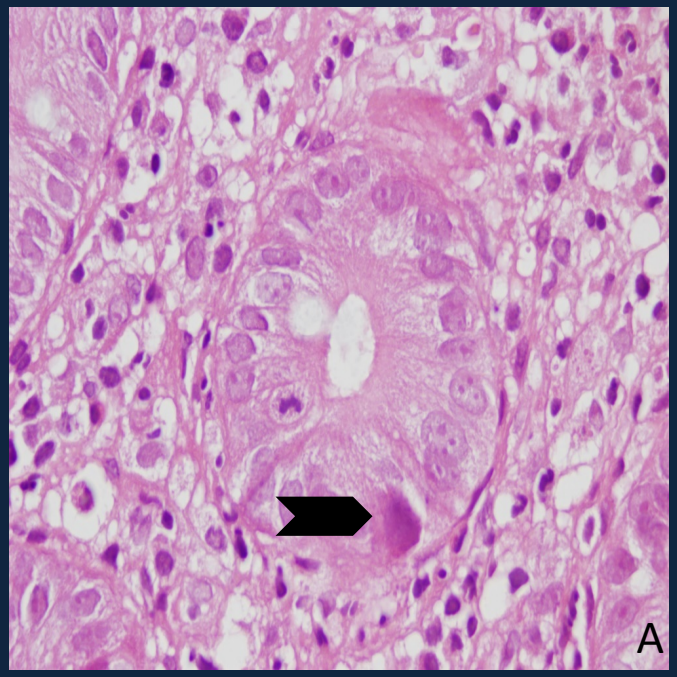
OLGU-2 PATOLOJİ







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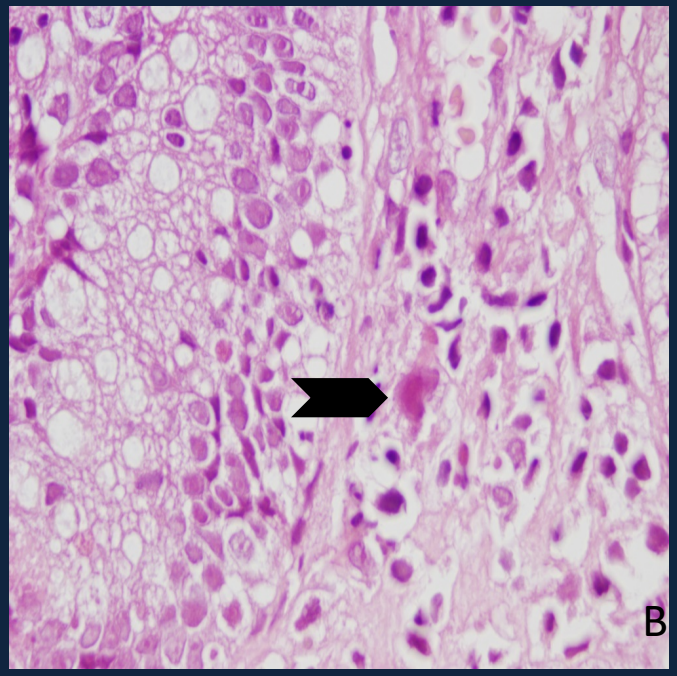
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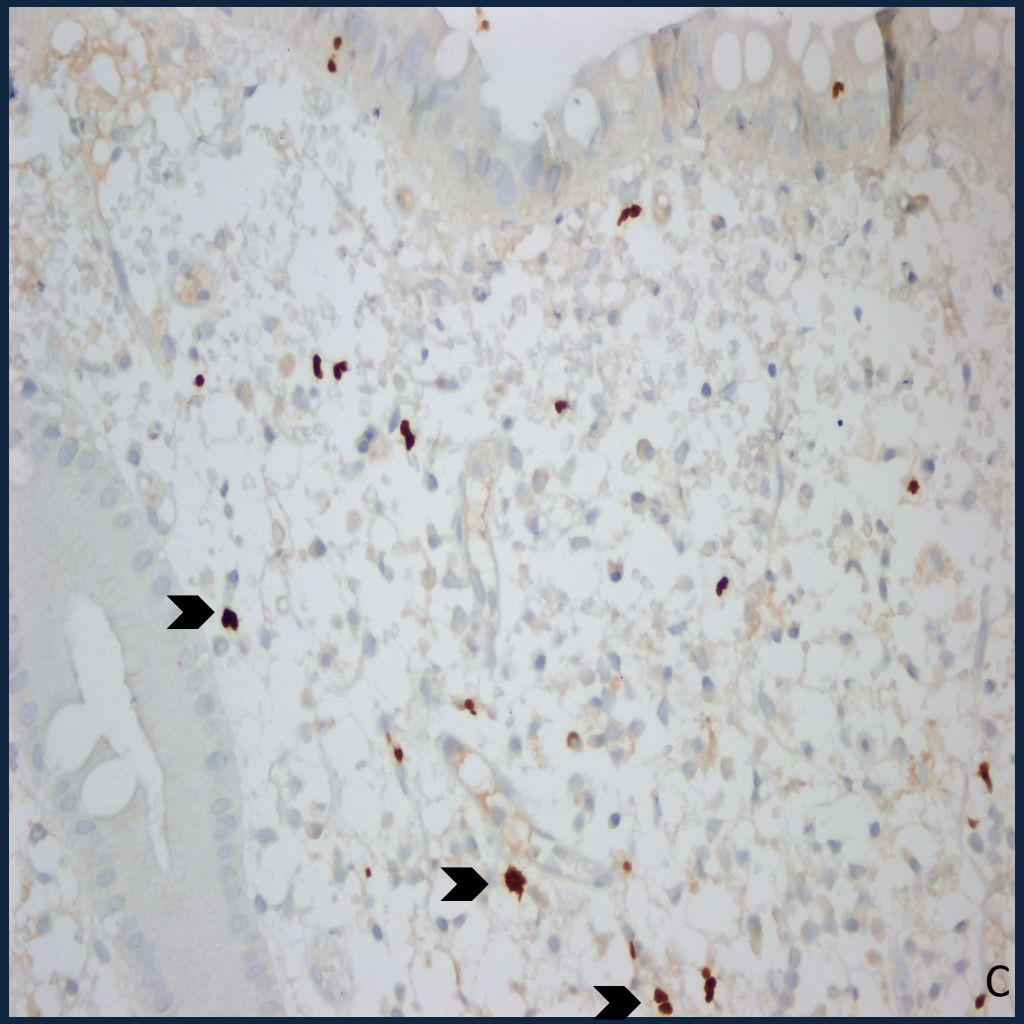

C

OLGU-2 - PROGRES

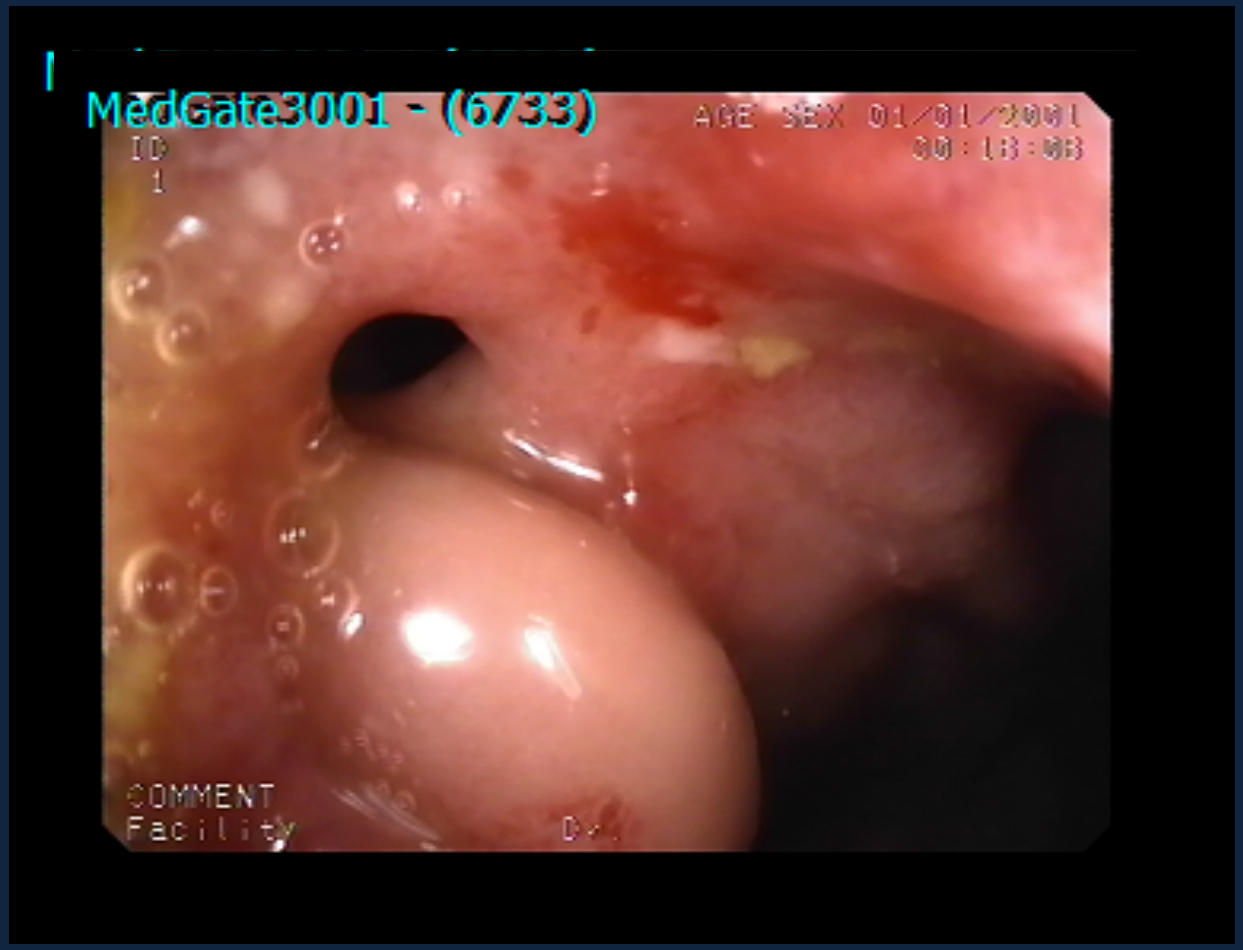
- ENFEKSİYON SERVİSİNE TRANSFER
- PROFLAKTİK KOTRİMOKSAZOL
- GANSİKLOVİR BAŞLANDI.
- KÜLTÜR (-) - anti-TBC 20. GÜNÜNDE STOP
- 02/17

  TENOFOVİR-DİSOPROKSİL-EMTRİSİTABİN-DOLUTEGRAVİR

OLGU 2 – POLİKLİNİK TAKİP

- CD4 YÜKSELDİ – KOTRİMOKSAZOL STOP
- VALGANSİKLOVİR STOP
- KONTROL KOLONOSKOPİSİ PLANLANDI.

OLGU-2 – KONTROL KOLONOSKOPİ



OLGU-2 – POLİKLİNİK TAKİP

- O8/2018 ELVİTEGRAVİR – KOBİSİSTAT – EMTRİSİTABİN – TENOFOVİR – ALAFENAMİD

- 10/2019 CD4 528/mm^3

- HIV RNA <30 kopya/ml

SONUÇ – HIV ve GIS

- HIV SEYRİNDE EN SIK YANDAŞ SEMPTOMLAR GI KAYNAKLI.
- EN SIK SEMPTOM DİARE.
- 1. DİREKT HIV 2. İMMUN CEVAP 3. ART SEKONDER
- TÜM KRONİK DİARELERDE HIV ARAŞTIRILMALI.
- DOĞRU ZAMANDA ART İLE SEMPTOMLAR DÜZELİYOR.


TEŞEKKÜRLER