ACQUIRED IMMUNODEFICIENCY SYNDROME

- Description: Infection with human retrovirus known as human immunodeficiency virus (HIV or HIV-1). Following infection with HIV virus, the virus infects CD4+ helper T lymphocytes; as the infection progresses, these CD4+ cells are depleted, leading to immunosuppression. Immunosuppression increases the risk of opportunistic infections. AIDS is the development of one or more opportunistic infections and unusual neoplasms for which there is no other explanation in the presence of evidence of HIV infection. The HIV virus is transmitted via sexual intercourse (vaginal and anal) with an infected individual, parenteral contact with infected blood or blood products, and maternal-fetal spread.
- Diagnosis: Sequential testing for the detection of anti-HIV antibodies using the enzyme-linked immunosorbent assay (ELISA) test. If testing is positive, Western blot is used to confirm the diagnosis. Antibodies usually develop within 3 months of exposure. Rapid tests are available for HIV infection, but should be followed with confirmatory testing.
- Manifestations
  - Centers for Disease Control and Prevention (CDC) classification of clinical syndromes:
    - Group I: Acute seroconversion illness
      - Mononucleosis-like infection; supportive treatment. Encephalopathy, meningitis, myelopathy, and neuropathy can also occur.
    - Group II: Asymptomatic infection
      - The length of time between exposure and the development of disease is, on average, 10 years. CD4 counts begin to fall during this time.
    - Group III: Persistent generalized adenopathy
      - Nodes measure >1 cm in diameter at 2 or more extrainguinal sites that persist for longer than 3 months with no other explanation than HIV.