

Abstract:

Category:

Clinical case of advanced HIV with multiple opportunistic diseases: pneumocystis pneumonia, CMV chorioretinitis, and Kaposi's sarcoma*O. Vinnytska¹, O. Golubovska¹, O. Bezrodna¹, L. Kondratuik¹*¹Bogomolets National Medical University, Kyiv, Ukraine

Objective: To present a clinical case of advanced HIV with severe immunosuppression and multiple opportunistic complications - pneumocystis pneumonia, acute cytomegalovirus chorioretinitis, and Kaposi sarcoma.

Methods: The medical history and diagnostic findings of a 32-year-old healthcare client hospitalized at the Kyiv AIDS City Center in February 2024 was analyzed.

Results: On admission, the client reported severe general weakness, dry cough, body aches, fever, and dyspnea at rest. These symptoms had persisted for approximately two months. HIV had been diagnosed in 2016, but medical follow-up and antiretroviral therapy (ART) were declined. Initial CD4+ T-cell count was 311 cells/ μ L. The individual identifies as MSM. Clinical examination revealed signs of intoxication and respiratory failure, temperature was subfebrile. Oropharyngoscopy revealed dense bluish-purple lesions on the hard palate and gums, consistent with Kaposi's sarcoma (Figure 1). HIV viral load was 188,000 copies/mL, and the CD4+ count was critically low of 6 cells/ μ L. Polymerase chain reaction detected CMV in blood. A computed tomography scan confirmed pneumocystis pneumonia. CMV chorioretinitis and Kaposi sarcoma were diagnosed clinically. Therapy was initiated with oxygen, ganciclovir, trimethoprim-sulfamethoxazole (TMP-SMX), supportive care, and ART (DTG/3TC/TDF). In March 2024, re-hospitalization occurred due to severe nasal bleeding caused by Kaposi's sarcoma progression. Hemostasis was achieved through nasal tamponade and blood transfusions. By February 2025, the individual demonstrated strong adherence to ART. HIV RNA was suppressed to <20 copies/mL, and CD4+ count rose to 119 cells/ μ L (7.6%).

Conclusions: This case highlights that, even in advanced stages of HIV with profound immune compromise and delayed treatment, comprehensive and timely intervention can lead to significant clinical improvement and virologic suppression and may be life-saving



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