**Pulmonary and extrapulmonary manifestations in HIV seropositive patients presenting in a Tertiary care centre**

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**Introduction**

The clinical profile of HIV disease in India includes a wide range of conditions like tuberculosis, pneumocystis carinii pneumonia, mycobacterium avium complex, fungal infections and viral and bacterial pneu­monia. Tuberculosis is the most common opportunistic infection in Indian patients with HIV. This study is therefore aimed at evaluating pulmonary as well as extrapulmonary manifestations amongst HIV seropositive patients.

**Aim**

To study the clinical profile of HIV seropositive patients.

**Material and Methods**

The present study was conducted in HIV seropositive patients who were admitted in Chest and T.B Hospital, Patiala over a period of 1 year. Demographic profile of the patients was recorded along with detailed clinical history, examination, investigations and evaluated for various pulmonary as well as extrapulmonary manifestations. Risk factors for HIV infection and mode of transmission were also noted.

**Results**

Of the 102 cases diagnosed, 74 (72.5%) were males and 28 (27.5%) were females. The age of cases ranged from 18-82 years. Among 102 cases, 82 (80.5%) were married, 18 (17.6%) were unmarried and 2 (1.9%) were divorced. Heterosexual sex was the most common route of transmission in 78 (76.47%) cases, while 14 (13.72%) were intravenous drug abusers, 9 (8.82%) were found to have history of blood transfusion and 1 was found to be homosexual. Of the 102 cases, 45 (44.11%) were diagnsed as pulmonary tuberculosis, 15 (14.70%) as tubercular pleural effusion, 4 (3.92%) as military tuberculosis, 2 (1.96%) as tubercular empyema. Extrapulmonary tuberculosis was present in 7 cases (6.86%). Out of these, 3 cases were diagnosed as tubercular lymphadenopathy, 2 cases as abdominal tuberculosis and 2 cases as tuberculoma. 7 cases (6.86%) were diagnosed as pyogenic pneumonia , 13 (12.74%) were upper respiratory tract infections, 6 (5.88%) were post tubercular fibrosis, one case each of pneumocystis carinii pneumonia (PCP), interstitial lung disease, COPD and Herpes zoster.

**Conclusion**

The above results show that tuberculosis is still the most common opportunistic infection in HIV seropositive patients. Also the incidence of pneumocystis carnii pneumonia has substantially decreased in recent times. Therefore, It is imperative that physicians treating HIV-infected patients should aggressively identify those with *M. Tuberculosis* in order to reduce the associated co-morbidity resulting from the pairing of the infections. Creating grass root level awareness coupled with aggressive case finding in suspected high-risk population may be key in prevention and early detection of the dual infections.