In Dnipropetrovsk region center of prevention and combat with AIDS 1524 children are registered, of them 914 children are with perinatal contact with HIV and 610 children with HIV-infection; this number is somewhat less (by 1,3%) than it was in 2013. However, number of children with the established «AIDS» diagnosis raised from 165 up to 175 (26,7% and 28,7 % of infected correspondingly) Probability of HIV transmission from mother to child depends on a number of factors. In case of absence of antiretroviral prophylaxis (ARVP) in a mother, the possibility of transmission increases to 34,7%, in its absence in a child – to 40,5%. In such a case breast feeding increases risk to 58,6%. Risk of virus transmission from mother to child (TMC) somewhat decreases exclusively in breast feeding.

Considering up-to-date tendencies, at present time a special significance is given to effective TMC prophylaxis. A timely diagnostics of HIV-infection in a child made as early as possible is of extreme importance as well. In therapy administered lately, even in well compliance to it, to compensate immune suppression is much more difficult; this may be the cause of unfavorable disease outcome.

The work presents clinical case of primary HIV-infection in an 11-month-old infant. Patient N., 11-month-old, was born at the term of 36 weeks gestation from the first pregnancy with body mass of 2440 grams, 44 cm of length, without asphyxia, breast-fed since the second day. Vaccination from tuberculosis and viral hepatitis B was got in the maternity home. Mother was followed up at women’s health clinic, all the examinations were carried out, including double HIV-testing (negative). The woman smokes, but other harmful habits and chronic diseases denies. Up to the age of 10 months the girl was healthy, growth and development corresponded to the age. Breast feeding lasted till 7-th month of age, later she received cow’s milk and goat’s milk. At the age of 11 months infant suffered ARVI, appetite became worse, rate of weight gaining decreased, multiple vomiting developed and at the age of 11 months infant was hospitalized to regional children’s hospital in a severe state with events of toxic exicosis, moderate
hepatolienal syndrome against a background of gastro-intestinal disorders. Moist
coughing, moderate breathlessness of a mixed type were noted. SatO2 97% on
breathing with atmospheric air. Blood analysis revealed extremely severe anemia,
thrombocytopenia, relative lymphocytosis, cellular rejuvenation to blast forms.
Controlled investigations of blood and myelogram in dynamics made it possible to
exclude systemic blood disease. Against a background of carried out complex
treatment infant’s state remained grave. Symptoms of intoxication,
microcirculatory disorders, moist coughing, hepatosplenomegaly, decrease of
appetite preserved, infant did not gain weight. Since the day 6 of hospital stay
events of dermatitis with hemorrhagic component appeared, since the day 11 –
events of oral mucosa candidiasis. In blood analysis thrombocytopenia preserved.
On echocardiographic examination there was revealed hypertrophy of the left
ventricle and separation of pericardium leaves; the latter was growing. On ECG in
dynamics tachycardia from moderate to marked sinus one was revealed. Taking
into account clinical symptomatology, absence of positive dynamics against
treatment administered by clinical indications, infant and mother were examined
for HIV by IEA method. Antibodies to HIV were revealed in both patients.
Therewith worsening viral loading from 1911 to 153969 copies in ml of blood and
signs of severe immune suppression (level CD4+ 19% - 619cells) were revealed in
the infant; this is an indication to HAART. Infant was consulted by
tuberculotherapist. Conclusion: in the lungs no focal-infiltrative changes were
revealed, the right root is of increased intensity. Diagnosis: «First diagnosed
tuberculosis of intrathoracic lymphatic nodes?». For final decision making on
tuberculosis diagnostics, infant was transferred to regional anti-tuberculosis
dispensary.

Clinical diagnosis: HIV-infection, IV clinical stage: hepatosplenomegaly,
pharyngomycosis, anemia, thrombocytopenia, associated cardiopathy, CD 0-1
stage; viral loading - 153969 copies RNA; severe immune suppression.
Toxicodermia. First diagnosed tuberculosis of intrathoracic lymphatic nodes?
Infant was examined in «OHMATDET» clinic, where diagnosis «Primary tuberculosis complex, MBT(+)» was made and diagnosis of HIV-infection was confirmed.