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MAC- IRIS IN HIV/AIDS PATIENT PRESENTING AS ENDO-BRONCHIAL LUNG MASS LESION

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Case Presentation

In April 2010 we admitted a 26 year old male with HIV/AIDS for evaluation of persistent fever and diarrhea. At his initial diagnosis of HIV in January 2010 his CD4 count was 8 and (HIV) viral load 590,000 copies/ml. He was started on ART therapy in February 2010.

Fever evaluation revealed PET scan with left lower lobe lung mass with mediastinal and hilar lymphadenopathy concerning for AIDS related lymphoma, and stool culture stained positive for acid fast bacilli. Viral load on admission was 3200 copies/ml and CD4 count was 131.

Lung mass biopsy showed organizing pneumonia with necrotizing granulomas consistent with MAC pneumonia. The biopsy culture and a thoracentesis fluid specimen subsequently grew MAC.

Discussion

Diagnosis of disseminated MAC IRIS was made and the patient was started on four-drug therapy for MAC with continuation of ART.

IRIS in patients initiating ART has been firmly established as a significant problem. Because of wide variation in clinical presentation and the still increasing spectrum of symptoms and etiologies reported, diagnosis remains problematic. Furthermore, no specific test is currently available to establish an IRIS diagnosis.

Immunologic and Pathogenesis

The likelihood and severity of IRIS correlates with two interrelated factors: 1. The extent of CD4+ T cell immune suppression prior to the initiation of (HAART). 2. The degree of viral suppression and immune recovery following the initiation of HAART.

Pathogenesis remains largely speculative.

Current theories concerning the pathogenesis of the syndrome involve a combination of underlying antigenic burden, the degree of immune restoration following HAART and host genetic susceptibility.

Treatment

Continue HAART therapy is reasonable in patient with IRIS that is not life-threatening.

Management of specific IRIS-related syndromes.

Summary Points

- The possibility of IRIS should be considered when initiating ART.
- When IRIS is suspected, thorough evaluation for a specific underlying pathogen should be performed based on clinical symptoms.
- When a diagnosis is made, pathogen specific treatment should be initiated promptly.
- Continue HAART therapy is reasonable in patient with IRIS that is not life-threatening.

References