

CLINICAL FEATURES OF HIV/AIDS INFECTION IN CHILDREN

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Abstract: The thesis examines the ways in which children become infected with HIV. It lists the factors that influence the risk of HIV transmission from mother to child. It describes the features of the pathogenesis of HIV infection in children. It emphasizes the need for physicians of various specialties to study the features of clinical manifestations of HIV infection in children.

Keywords: epidemic, HIV infection, risk of transmission, children, adults, clinical manifestations.

INTRODUCTION

The epidemic of HIV infection in children and adolescents is becoming relevant in many countries of the world, including Uzbekistan. The source of HIV infection for children is mainly their HIV-infected mothers, who are in risk groups (injection drug addicts and women who have promiscuous sex). Therefore, in 90% of cases, children are infected perinatally and only in 20-25% through blood and its preparations, as well as infected needles.

MATERIALS AND METHODS

There are three periods during which an infected mother can transmit the virus to her child: pregnancy; labor (during labor); postpartum (after birth).

Factors that affect the risk of mother-to-child transmission of HIV:

- Advanced stage of HIV infection with a high viral load of more than 10,000 copies/ml during pregnancy and labor.
- Lack of antiretroviral therapy during pregnancy.
- Presence of sexually transmitted infections.
- Duration of the anhydrous period more than 4 hours (every hour of the anhydrous period increases the risk of transmission by 2%).
- Vaginal delivery (compared to cesarean section). In the absence of effective ART, the risk of transmission increases by 50%.

- Breastfeeding.
- Low social status of the woman, poor nutrition, unsatisfactory living conditions.
- Bad habits during pregnancy (drug use, smoking, drinking alcohol).
- Poor antenatal care.
- Premature birth.
- Artificial rupture of membranes (amniotomy) and induction of labor.
- Routine epidemiotomy, perineotomy.
- Invasive monitoring of the intrauterine condition of the fetus.
- Forceps, vacuum extraction of the fetus.
- Lack of antiretroviral therapy in the mother and newborn.
- Complications of pregnancy, such as the development of placental insufficiency, fetal growth retardation, exacerbation of extragenital diseases, low weight gain.
- Childbirth after 42 weeks.
- Unreasonable vaginal examination during childbirth.

RESULTS AND DISCUSSION

Gestation. During pregnancy, the mother can transmit the virus from her bloodstream through the placenta to the fetus. The placenta normally protects the fetus from infectious agents, such as HIV, that are present in the mother's blood. However, if the placental membrane is inflamed or damaged, it is no longer as effective at preventing viruses from entering. In this case, HIV infection can be transmitted from the mother to the fetus.

Labor. During passage through the birth canal, the baby is exposed to the blood and vaginal secretions of the infected mother. Early separation of the placenta from the mother's uterus, as well as anything that damages the baby's skin (such as the use of obstetric forceps) can lead to increased exposure of the baby to the mother's blood.

Postpartum. After birth, a mother can transmit the virus to her baby through breastfeeding. There are several possible reasons for this: breast milk is the main food for a newborn, which is quite rich in leukocytes, including CD4 cells; the gastrointestinal tract of a newborn is not yet fully formed; during breastfeeding, the child may be exposed to blood if the mother has damaged skin around the nipple.

The pathogenesis of HIV infection in children is determined by both the peculiarities of the interaction of HIV with the child's body and a number of co-factors.

In general, there are certain similarities in the pathogenesis of HIV infection in adults and children, but HIV-infected children have a number of distinctive features. First of all, this concerns the direction of immunological shifts. These differences reflect the fact that intrauterine HIV infection affects the immature immune system of the fetus. As a result of infection with the virus, various embryo- and fetopathies are noted in the fetus, a dysmorphic syndrome is characteristic, which leaves an imprint on the entire clinical picture of HIV infection in a newborn. Childhood AIDS is characterized by an earlier insufficiency of the B-cell immune system compared to the T-cell link. This explains the greater diversity and recurrence of bacterial infections, which determine the characteristics of morbidity and mortality in children with HIV infection. As a result of the suppression of B-cell function, the body of an infected child cannot provide humoral protection against new antigens that it encounters. B-cell disorders in children are manifested by polyclonal hypergammaglobulinemia, which is the earliest and most sensitive, although not very specific, symptom. Hypogammaglobulinemia is less common (for example, in premature babies or with the development of HIV encephalopathy).

CONCLUSION

The data we have obtained indicate the features that distinguish the clinical manifestations of HIV infection in children and adults. The results we have obtained do not contradict the literature. It is also necessary to focus the attention of doctors of various specialties on the features of HIV infection in children. Obstetricians-gynecologists, pediatricians, dermatologists should know the features of damage to internal organs, skin and mucous membranes, CNS against the background of HIV infection. And in cases of atypical course, torpidity to the therapy, refer children for testing for HIV. Early diagnosis, timely treatment can improve the quality of life and prolong the life of such children.

REFERENCES

1. Dashchuk A.M. HIV/AIDS infection /A.M.Dashchuk, L.I.Chernikova// Kh.: "Vodny Spektr". - 2017. - 254 p.
2. Fitzpatrick's Dermatology in Clinical Practice: in 3 volumes / Klaus Wolf, Lowell A. Goldsmith, Steven I. Katz et al.; trans. from English; general editorship of academician A.A.Kubanov. - M. - 2013. - T. 3 - P. 2100-2114.
3. Wolf K., Johnson R. Surmond D. Dermatology according to T. Fitzpatrick. Atlas-reference. Second Russian edition. Trans. from English. - M.: Prak-tika, 2017 - P. 1248.