Gastrointestinal And Nutritional Manifestations In Acquired Immunodeficiency Syndrome (AIDS)

Essay

Submitted In Partial Fulfillment of Master Degree In Tropical Medicine

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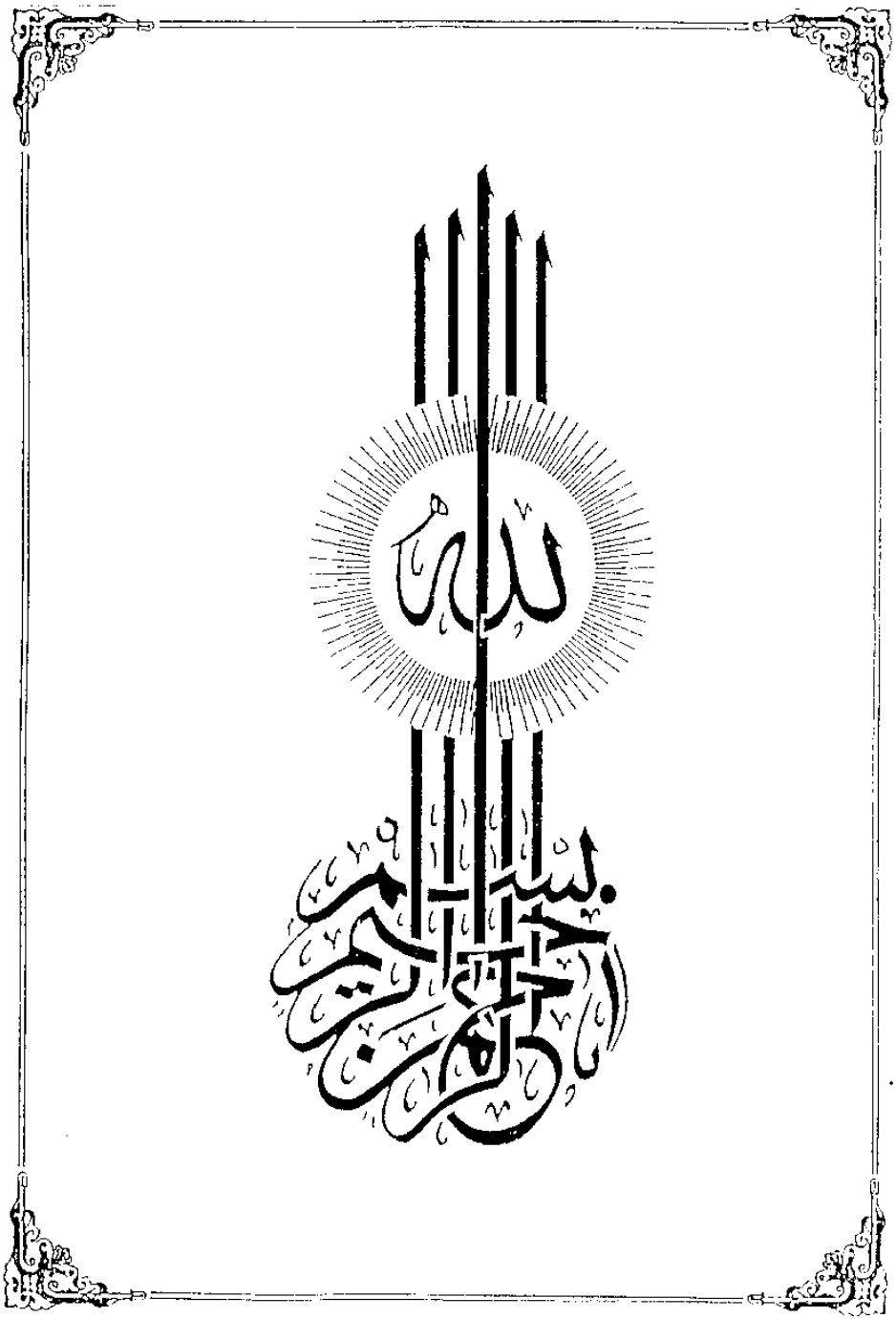

ACKNOWLEDGMENT

I would like to express my deepest gratitude, appreciation and thanks to my ***Professor Dr. Nouman Haseeb***, Professor and Head of Tropical Medicine Department, Faculty of Medicine, Ain Shams University, for his kind supervision, generous support and help all through this work.

I would also like to express my deepest gratitude and thanks to my ***Professor Dr. Fawzy El-Shobiky***, Professor of Nutrition, National Research Center, for his great help and sincere advice all through this work.

I would like to express my thanks to ***Dr. Soheir Abdel Kader***, Lecturer of Tropical Medicine, Faculty of Medicine, Ain Shams University, for her kindness and help.

I would like to express by sincere appreciation and thanks to my ***Professor Dr. Salah Saif El-Deen***, Professor of Tropical Medicine, Ain Shams University, for his continuous guidance, support and care.

I would like to express my thanks to my ***Professor Dr. Abdel-Rahman El-Ziady***, Professor of Tropical Medicine, Ain Shams University, for providing me with recent literature.

I would like to express my deepest gratitude and thanks to ***Dr. Zakaria Mahran***, Lecturer of Tropical Medicine, Faculty of Medicine, Ain Shams University, for his generous help and observations.

I would like to express my thanks to ***Professor Dr. Hossin El-Gazzairy***, Regional Director of the WHO office in the Middle East, for his kind help.

I would like to express my thanks to ***Professor Dr. Mohamed Wahdan***, Director of Disease Prevention and Control, WHO, EMRO, for providing me with recent WHO publications on AIDS.

I would like to express my thanks to ***Professor Dr. Ali Rashid***, Medical Military Academy, for his sincere help in providing me with recent literature.

I would like to express my thanks to ***Dr. Mohamed Kamal***, Specialist in Abassia Fever Hospital, Cairo, for his help.

I would like to express my deepest gratitude and appreciation to all the Staff of the Tropical Medicine Department for their sincere kindness and help all through the period I have worked with them.

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AIDS is considered as the major public health problem of the latter part of this century [Gazzard, 1987]. It is the first disease that has ever been discussed in the United Nations General Assembly [Mann, 1988].

The World Health Organization describes AIDS as a global pandemic health problem. It has a major influence on the social, cultural, economic and political status of the whole world. Thus AIDS joins the central problems of our present time. A universal co-operation and unity is a must to stop its rapid spread [Mann, 1988].

The actual cumulative number of cases estimated by Jonathen Mann [the director of WHO's Global Program on AIDS] in June 1988 in the IV International Conference on AIDS was 200,000. He also reported that although Eastern Europe, North Africa, the Middle East and most of Asia are till now less affected than Central Africa and the United States the virus is present and spreading every where.

The WHO estimated that up to 10 million persons were infected with the Human Immunodeficiency Virus [HIV] in

The aim of this work is to give a general idea about AIDS and to discus the up-to-date information on gastrointestinal and nutritional problems in AIDS.

Review
Of
Literature

AIDS

History

In the summer of 1981 the Centers of Disease Control [CDC] in the USA received a report which was the start of AIDS recognition. The report described how in the past eight months five cases of an extremely rare type of pneumonia caused by the protozoan Pneumocystis carinii had been diagnosed in the Los Angeles area. This pneumonia is characteristically an opportunistic infection occurring in people whose immune system has been profoundly impaired by cancer or by powerful immunosuppressive drugs.

Records showed that between November 1967, and December 1979 two adult cases had Pneumocystis carinii pneumonia without underlying cause. Yet, in these five new cases the pneumonia had struck young homosexual men whose immune system had no apparent reason for malfunctioning [Heyward and Curran, 1988].

At about the same time the CDC also received reports of an increased incidence of Kaposi's sarcoma. This cancer had been seen rarely in the U.S. before. It was only seen in elderly men and patients receiving immunosuppressive drugs. Yet, in a short period of time 26 cases of Kaposi's sarcoma

had been recognized among young adult homosexual men in New York and California. Several of these patients had also Pneumocystis carinii pneumonia and other severe opportunistic infections [Heyward and Curran, 1988].

Shortly after this, epidemiologists noted an increased occurrence among homosexual men of two unexplained conditions: chronic lymphadenopathy and a relatively rare malignancy which is diffuse undifferentiated non-Hodgkin's lymphoma. The only common underlying factor among the new findings and the previously reported cases of opportunistic infection and Kaposi's sarcoma was a severely impaired immune system.

This collection of clinical conditions was recognized as an entirely new syndrome that became known in 1982 as the Acquired Immunodeficiency Syndrome, or AIDS [Heyward and Curran, 1988].

Huminer and Rosenfield in 1989 suggested that AIDS is an old disease, that has been unrecognized in the past, because of its sporadic occurrence. They also stated that through a retrospective study, 19 cases were diagnosed as AIDS before 1981 by fulfilling the CDC diagnostic criteria for AIDS. One of these cases was detected to be infected by HIV in 1968.

AIDS was first reported in native Africans in 1984, though retrospectively diagnosed cases of infected Africans predate this. The earliest evidence of HIV sero positivity is from a sample taken in 1959 in Zaire [Nunn and McAdam, 1988].