

3. Fertility decreases with advancement of age and the surgery for endometrioma further declines it.

ЛИТЕРАТУРА

1. Course of pregnancy and labor outcomes in women with genital endometriosis. Павловская М. А., Гутикова Л. В., Кухарчик Ю. В (2020)
2. Ovarian reserve screening in infertility: practical applications and theoretical directions for research. Eric Scott Sills , Michael M Alper, Anthony P H Walsh (2009)
3. Ovarian reserve in women with endometriosis under total cystectomy compared to partial cystectomy: A randomized clinical trial. Atiye Javaheri Samane Kabirpour Ashkezar Maryam Eftekhar (2021)
4. Exploring the Complex Landscape of Delayed Childbearing: Factors, History, and Long-Term Implications. Hussam Abu Nowar. (2024)

INTERSTITIAL PNEUMONIA OF MIXED ETIOLOGY (PNEUMOCYSTIS JIROVECII & SARS COV-2) IN FEMALE PATIENT LIVING WITH HIV (CLINICAL CASE)

Rizni Fathima Shahani¹, Victor Micheal Benadict Lakshika
Ravihari Malwanage¹, Valiantsiukevich Vers²

Grodno state medical university¹, Grodno regional hospital of infectious diseases²

Научный руководитель: MD, Professor Matsiyeuskaya N. V.

Introduction. Pneumocystis pneumonia (PCP) is caused by pathogen Pneumocystis jirovecii. Even though the usage of highly active antiretroviral therapy for patients living with HIV has led to a decrease in cases of PCP, it remains the most common opportunistic infection in patients with AIDS [1].

Aim of the study. To present clinical case of interstitial pneumonia of mixed etiology (pneumocystis jirovecii & SARS CoV-2) in female patient living with HIV.

Materials and methods. Retrospective analysis of data from patients

Results and discussion. A 56-year-old female presented with the complains of slight dry cough, temperature up to 39.3°C, general weakness, difficulty in breathing. Patient took ibuprofen and azithromycin which made the condition worse. Patient hospitalized to pulmonology department in hospital no 2 where her PCR results were positive for COVID-19. The patient was transferred to regional infectious hospital. She has HIV infection during 15 years. She has not been taking ART regularly.

On the physical examination GCS score was 15 and speech is intelligible. She answers questions correctly with some delay due to age-related hearing loss. On palpation of lymph nodes, posterior cervical, submandibular are enlarged. Fungal

lesions on the nails of the hands and feet. Weight loss = 12.5% (44 kg-38.5 kg in 6 months). Meningeal symptoms were negative. Body temperature at the time of examination 36.6°C. HIV viral load- 3.7×10^4 , CD4+T-cell count was 7 cells/mkl. On inspection of respiratory organs – breathing through the nose was normal. Respiratory rate – 22 bpm. SaO₂ 89-91 % when breathing atmospheric air, after supply of oxygen 5 litres/min for 10 minutes -SaO₂ 94-95 %. Breathing over the lungs auscultated hard, weakened in the middle-lower parts of the left side. No wheezing is heard. On microscopic examination of sputum pneumocysts were detected.

On Ultrasound of abdomen and pleural in cavity organs slight liver enlargement, diffuse changes in the liver by type of fatty infiltration, free fluid effusion into the right pleural cavity. On computer tomography of lungs polysegmental bilateral interstitial pneumonia (CT-3) has been establishment.

Clinical diagnosis: HIV-infection, clinical stage 4, pneumocystis pneumonia moderate severity, cachexia, pharyngeal candidiasis, onychomycosis of hands & feet, generalized lymphadenopathy.

COVID-19 infection, community acquired severe bilateral interstitial pneumonia of mixed etiology-(pneumocystis jirovecii & SARS CoV-2).

Complication of the main diseases are severe ARDS. Right-sided hydrothorax. Encephalopathy of mixed genesis.

Patient was prescribed Co-trimoxazole 400/80 mg 2 tablets 3 times in day for 21 days, follow up Co-trimoxazole 400/80 mg 2 tablets for secondary prophylaxis of Pneumocystis pneumonia until CD-4+ T-lymphocyte count richs level 200cells/ μ l and lasting at least 3 months. ART for HIV treatment with Dolutegravir/Lamivudine/Tenofovir 50/300/300 mg (Acryptega) 1 tablet/day was started. Remdesivr was administrated for Covid-19 infection treatment.

Patient stayed at hospital 24 days and was discharged with improving of common condition.

Conclusion. 56 years old female patient 15 years living with HIV developed severe pneumocystis and SARS CoV-2 pneumonia complicated by ARDS because she had poor adherence to ART and it lead to advanced immunosuppression, she did not receive prophylaxis of opportunistic infections. Quality and life expectancy of PLWH are strongly associated with high compliance to ART and opportunistic infections prophylaxis.