

Outcome of Human Immunodeficiency Virus Infection Stage III with Lymphocytic Interstitial Pneumonia and Chronic Suppurative Otitis Media

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ABSTRACT

Background Pediatric human immunodeficiency virus (HIV) infection is largely due to transmission from mother to child during perinatal. A decrease in the body's immune system due to HIV infection makes it easy for children to get opportunistic infections that can interfere growth and development.

Objective Observe the long-term clinical outcomes of children with HIV and the factors that influence them to have a better prognosis.

Methods Long-term monitoring is performed for 5-year-old boys infected with stage III HIV with comorbidities of lymphocytic interstitial pneumonia, chronic suppurative otitis media, and malnutrition. The observed outcomes were growth, development, recurrent episodes of hospitalization, antiretroviral therapy response, and quality of life. Prognostic factors that were intervened were the control of opportunistic infections, pediatric nutrition care, immunization, anti retroviral (ARV) compliance, laboratory monitoring (drug side effects) and psychosocial aspects.

Results During a total of 30 months of observation, there were target outcomes achieved that were related to growth and development, normal nutritional status and height and good social functioning. There were no repeated episodes of hospitalization due to controlled opportunistic infections. The outcome that has not yet been reached is the failure of first-line ARV therapy, family stigma, and unfulfilled criteria for a healthy home.

Conclusion Long-term monitoring of pediatric HIV patients with multiple comorbidities is needed in order to reduce morbidity and mortality. This is also related to the adherence to ARV treatment. Family support and the environment play a role in improving the quality of life of children with HIV infection.

Keywords human deficiency virus, prognosis, opportunistic infections, anti retroviral

Luaran Infeksi *Human Immunodeficiency Virus* Stadium III dengan *Lymphocytic Interstitial Pneumonia* dan Otitis Media Supuratif Kronik

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INTISARI

Latar belakang Infeksi *human deficiency virus* (HIV) anak sebagian besar dikarenakan penularan dari ibu ke anak saat perinatal. Penurunan sistem imun tubuh akibat infeksi HIV menyebabkan anak mudah mengalami infeksi oportunistik yang dapat mengganggu pertumbuhan dan perkembangan.

Tujuan Mengamati luaran klinis jangka panjang anak dengan HIV dan faktor-faktor yang mempengaruhinya agar prognosis menjadi lebih baik

Metode Pemantauan jangka panjang dilakukan pada anak laki-laki berusia 5 tahun yang terinfeksi HIV stadium III dengan komorbiditas berupa *lymphocytic interstitial pneumonia*, otitis media supuratif kronik, dan gizi kurang. Luaran yang diamati berupa pertumbuhan, perkembangan, episode rawat inap berulang, respons terapi anti retroviral (ARV), dan kualitas hidup. Faktor prognosis yang diintervensi adalah pengendalian infeksi oportunistik, asuhan nutrisi pediatrik, imunisasi, kepatuhan ARV, pemantauan laboratorium (efek samping obat) dan aspek psikososial.

Hasil Selama total 30 bulan pengamatan, terdapat target luaran yang tercapai yakni berkaitan dengan pertumbuhan dan perkembangan, status gizi dan tinggi badan yang normal dan fungsi sosial yang baik. Tidak ada episode rawat inap berulang karena terkendalinya infeksi oportunistik. Luaran yang belum tercapai adalah terjadi kegagalan terapi ARV lini pertama, adanya stigma keluarga, dan belum terpenuhinya kriteria rumah sehat .

Kesimpulan Pemantauan jangka panjang pada pasien HIV anak dengan beberapa komorbiditas diperlukan agar dapat menurunkan tingkat morbiditas dan mortalitas. Hal ini terkait pula dengan kepatuhan pengobatan ARV. Dukungan keluarga dan lingkungan sekitar berperan dalam meningkatkan kualitas hidup anak dengan infeksi HIV.

Kata kunci *human deficiency virus*, prognosis, infeksi oportunistik, anti retroviral