

HIV Case: A 15 Year Old Girl with Thrombocytopenia

History, Part 1

- 15 yo female, seen at the clinic since 2005 at the age of 9, when she was diagnosed with HIV during work-up of persistent cough
- Survivor of sexual assault at age 8, presumed source of HIV infection
- Initiated on 3TC/d4T/EFV in 7/2005
- No opportunistic infection history (chronic cough ultimately asthma)

History, Part 2

- Recently has had poor ARV compliance, attributed to “pill fatigue,” missing much of the prior month’s doses, and missing a scattering of pills around 10/2009
- Now presents in 7/2010 with 3 weeks of bleeding gums and spontaneous bruising, as well as 2 days of “heavy periods” – on exam, noted to have pronounced menorrhagia
- Also reports mounting fatigue and some loss of appetite in preceding weeks
- URI symptoms approximately 1 month prior to clinic visit
- Review of systems in detail otherwise negative

History, Part 3

- Prior medical history:
 - Shingles in 2005
 - Asthma, mild
 - Otitis media
 - Recurrent dental infections
- Allergies: none known
- Medications: ARVs as discussed below; intermittent budesonide use; no ASA or herbal medication use
- Social History: lives with supportive family, sober habits, dating but not sexually active

CD4 and Viral Load Trend

Date	14/7/10	3/12/09	14/09/09	28/4/09	8/10/08
CD4 %	15	17	15	27	26
CD4	278	250	424	800	632
Viral Load	1700	27	1500	<25	<25

All prior viral loads <25 once suppression was achieved, and CD4 % >25 for more than 3 years

Physical Examination

- **Vitals:** BP 105/65, HR 80, apyrexial
- **Gen:** no acute distress
- **HEENT:** gums oozing blood, poor dentition, otherwise well
- **Cor:** regular, s1 and s2 without murmurs, rubs, or gallops
- **Pulm:** clear bilaterally
- **Abd:** no organomegaly, soft, non-acute
- **Skin:** small, scattered bruising across arms and legs; no petechiae
- **Lymph:** no appreciable lymphadenopathy
- **Gyn:** profuse menorrhagia soaking pads and clothing

Initial Labs

- **FBC:** WBC , Hgb 11.6, Plt 4
- **INR:** 0.99
- **PTT:** 29.7
- Electrolytes and renal function within normal limits

FBC Trend

Date	14/7/10	16/3/10	31/12/09	29/10/07	21/11/06
Hgb	11.6	13.1	11.9	13.8	12.7
WBC	4.49	5.8	4.3	9.8	6.0
Plt	4	217	167	186	312

Lab Results

- Hepatitis B Core Total Ab, B Surface Ag, B Core IgM all negative
- Hepatitis A IgM negative
- Hepatitis C negative
- CMV IgG positive, IgM negative
- ANF negative
- Coombs negative
- Parvovirus, EBV pending (Addington Hospital)

Management

- Initially admitted, placed on prednisone 30mg daily with cessation of menorrhagia and increase in platelets to 41 within 4 days
- Started on TDF/3TC/Aluvia (lopinavir/ritonavir)
- Recurrent bleeding from gums and dental abscess with platelet nadir of 2; prednisone increased to 60mg, admitted to hospital again, transfused platelets as well
- Platelet count stabilized at present moment; on slow taper of prednisone, 5-10mg a week with weekly platelet checks

FBC Trend After Therapy

Date	2/9/10	26/8/10	12/8/10	26/7/10	19/7/10	14/7/10	16/3/10	31/12/09	29/10/07	21/11/06
Hgb	12.7	13.2	13.0	12.2	12.0	11.6	13.1	11.9	13.8	12.7
WBC	13.2	6.1	11.87	6.07	7.49	4.49	5.8	4.3	9.8	6.0
Plt	54	22	54	2	41	4	217	167	186	312

Up to 40mg
 Decreased dose to 20mg
 Up to 60mg
 Dose down to 20mg
 Started on prednisone, 40mg

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