



**Missed Clinical  
Management  
Opportunities**  
Southern African HIV  
Clinicians Society  
Conference  
24 October 2018

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**WITS RHI**

# Presentation Outline

- Case History
- Management
- Follow Up

# Case History

- 1yr10m old baby girl – Gugu\* brought to Paeds Outpatients Department
  - Brought in by aunt who is a primary caregiver
  - Mom died recently from TB.
  - Gugu has been losing weight and coughing for a month.
  - Aunt doesn't think Gugu had any TB Preventive Therapy (TPT).
  - Aunt did not know Gugu's HIV status

\*Not real name

# Management: What was done for Gugu

- Gugu screened PPD positive for TB
- Investigations were done (GeneXpert, TB culture, CXR)
  - Gugu diagnosed with TB, and started TB Rx.
- Consent was obtained from aunt for HIV test:
  - Rapid and confirmatory HIV test positive.
- Initial adherence counselling for aunt was done
- Bactrim prophylaxis was prescribed
- After +/-2 weeks, she was started on ART:
  - ABC/3TC/Kaletra according to dosing chart

# Problems

At her 1 yr follow up, aunt brought her in complaining of the following:

- Gugu is not gaining weight
- She coughs intermittently
- Refuses to eat sometimes

# On examination

- Fully alert but lethargic
- Appeared malnourished with failure to thrive - wt. and ht. below 80<sup>th</sup> centile
- Afebrile
- Gen exam: Oral candidiasis; Significant cervical and axillary lymphadenopathy
- Chest examination clear
- Abdominal exam – nil specific
- Bloods monitoring: FBC, U&E, LFT, CD4 count, VL
- TB screen and investigation - Negative

# Blood Results

- FBC – microcytic anaemia
- U/E normal
- CD4 count = 243
- VL >100 000copies/ml
  
- DRT done

# DRT Results

## **Nucleoside RTI:**

Abacavir (ABC)	High-level resistance
Zidovudine (AZT)	Intermediate resistance
Stavudine (D4T)	Intermediate resistance
Didanosine (DDI)	High-level resistance
Emtricitabine (FTC)	High-level resistance
Lamivudine (3TC)	High-level resistance
Tenofovir (TDF)	Susceptible

## **Non-Nucleoside RTI:**

Efavirenz (EFV)	High-level resistance
Etravirine (ETR)	Low-level resistance
Nevirapine (NVP)	High-level resistance
Rilpivirine (RPV)	Low-level resistance

## **Drug Resistance Interpretation: INI**

INI resistance mutation	None
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## **Protease Inhibitors:**

Atazanavir/r (ATV/r)	Intermediate resistance
Darunavir/r (DRV/r)	Intermediate resistance
Fosamprenavir/r (FPV/r)	High-level resistance
Indinavir/r (IDV/r)	Intermediate resistance
Lopinavir/r (LPV/r)	High-level resistance
Nelfinavir/r (NFV)	High-level resistance
Saquinavir/r (SQV/r)	Susceptible
Tipranavir/r (TPV/r)	Intermediate resistance



# What were the clinical missed opportunities?

On file review:

- Monitoring bloods not done regularly
- Growth not monitored
- Treatment dosage not adjusted
- PI booster dose not given
- No reports on other related health interventions (EPI, Nutrition)

# Management and Follow Up

- Gugu was placed on second line ART treatment
- Adherence management was reinforced with Aunt
- She was followed up regularly and is doing well.

# Thank you