Missed Clinical Management Opportunities
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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 80th 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 >100 000 copies/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

**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