Excelling in Clinical Care

SOUTHERN AFRICAN HIV CLINICIANS SOCIETY

CONFERENCE

2014

24-27 SEPTEMBER AT CTICC

HIV    TB    STI
REFUSING TO ACCEPT DIAGNOSIS

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Private practice &
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THE BACKGROUND

- 31yr old lady
- Developed painful burning rash on the face about 1/52 earlier
- Consulted on a Monday - traditional wedding procedures concluded on the Sunday
- Tested within the last month before consultation at local clinic
THE PATIENT
Clinical Findings

- Cervical lymphadenopathy
- Herpes Zoster ophthalmicus
- Oral thrush
CLINICAL FINDINGS

- Cervical lymphadenopathy \(^1\text{(I)}\)

- Herpes Zoster ophthalmicus \(^1\text{(II)}\)

- Oral candidiasis \(^1\text{(III)}\)

\(^1\text{http://www.who.int/hiv/pub/guidelines/clinicalstaging.pdf}\)
Rapid test at clinic = -ve
Pre-test counselled
Consented to test
Lancet 4th gen ELISA done
TREATMENT

- Acyclovir 800mg po qid
- Trepiline 25mg po nocte
- Panado Co 2 po tds
- Chloromex eye ointment
- Amoxil-clavunate (Augmentin) 1000mg po bd
- Fluconazole 200mg
Came back for results on the Wednesday - felt and looked better

Post-test counselled

HIV +ve
Patient denies the result:

- Rapid test at clinic was negative
- Current illness not related to HIV
- Just got married
Why the HIV -ve result with rapid test?

Why the denial of the results?

What’s likely outcome for future tests/health seeking behaviour?
WHY THE DENIAL OF THE RESULTS?
LIKELY HEALTH/TESTING OUTCOMES
ORT equivalent to ELISA

2 situations where the test fails:
   a) Acute HIV
   b) Late-stage AIDS

Sensitivity v/s Specificity

Sensitivity = ability to correctly diagnose people with infection
Specificity = ability to correctly deliver negative result

2 http://www.scielosp.org/pdf/rpsp/v33n6/07.pdf
WHY THE -VE RESULT?

- Storage
- Expiry date
- Technique
Conclusion

- Rapid tests have an important role
- Proper storage of the test and technique
- Appropriate clinical scenario
- If test results are in conflict with clinical finding, proceed to formal laboratory testing with ELISA or PCR
THANK YOU
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