

IMMUNOLOGICAL AND VIROLOGICAL EFFECTS OF THE TREATMENT OF ACUTE HIV INFECTION WITH THE USE OF DRUGS NIKAVIR AND TENOFOVIR

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MATERIALS AND METHODS

23 patients were treated with the acute stage of HIV infection for 8–48 weeks. All patients received antiretroviral therapy with the inclusion of 2 NRTIs and 1 NNRTIs. The first group of 11 people received a regimen with Nikavir, the second — of 12 people — with Tenofovir, in combination with Lamivudine and Efavirenz in standard doses.

RESULTS AND ITS DISCUSSION

In all patients, an acute stage of HIV infection was established on the basis of clinical manifestations, DNA and RNA detection by PCR. The final diagnosis was obtained in an immune blot reaction [1, 2]. To assess the effectiveness of early antiretroviral therapy, lymphocyte CD4 levels, HIV viral load before treatment were monitored, and then 12–24–36–48 weeks later.

Identified ways of transmission of HIV infection: sexual transmission in 10 patients of groups 1 and 2, parenteral — in 1 and 2 people, respectively. Secondary infections — herpes and candidiasis [3] were detected.

All patients started therapy until the final laboratory confirmation of the disease.

The estimated baseline level of HIV VN RNA was, on average, 2 times higher in patients of the first group (109660 versus 56436). In the group receiving ART Nikavir, the rate of viral load reduction was significantly higher (287081 times) than in the group receiving therapy with Tenofovir (2915 times). In patients in the VN RNA study group, HIV was suppressed from 24 weeks of therapy, in the comparison group, only after 36 weeks.

The number of CD4 lymphocytes in patients of the first group increased by 479 cells / μ l (from 391 to 870), while in patients of the second group it remained at the same level (574–540).

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CONCLUSION

Early diagnosis of HIV infection has positive epidemiological and clinical significance. At the same time, a persistent reduction in viral load in combination with a stable number of CD4 lymphocytes of more than 500 cells / μ l suggests that both ART regimens are effective and recommend their use for the treatment of the acute stage of HIV infection.

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