Maria Aziz, J Clin Exp Cardiolog 2015, 6:4
http://dx.doi.org/10.4172/2155-9880.S1.024

OMICS International
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5th International Conference on
Clinical & Experimental Cardiology
April 27-29, 2015 Philadelphia, USA

Cardiovascular abnormalities in HIV patients: A prospective study

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Background: Metabolic complications, including dyslipidemia, insulin resistance and altered fat distribution (loss of subcutaneous fat and a relative increase in central fat) are common in adults infected with the human immunodeficiency virus (HIV) who are receiving highly active antiretroviral therapy (HAART). These complications may increase these patients' risk of cardiovascular disease. Careful cardiovascular evaluation in the course of HIV disease can identify cardiac complications early enough to treat. All HIV-infected patients candidate to antiretroviral therapy and patients already under treatment should undergo an assessment that includes the evaluation of the cardiovascular risk with the available guidelines. This study focuses on these cardiac manifestations in patients with the HIV infection.

Aims & Objectives: To study prevalence and types of cardiovascular abnormalities in HIV infection, to study association between cardiovascular abnormalities and CD4 count and to study association between cardiovascular abnormalities and opportunistic infection

Materials & Method: Present study included 82 cases were admitted in Hamidia hospital, Bhopal Study period was from November 2009 to November 2010.

Conclusions: The following are the conclusions drawn from this study: The prevalence of cardiac involvement in HIV infected patients was 39 (7.56%) over the study period; the prevalence is more in young adults of less than 34 years of age. Most common mode of transmission was sexual; most common cardiovascular abnormality was systolic dysfunction 22 (26.8%), followed by pericardial effusion 17 (21%) diastolic dysfunction 8 (10%) and dilated cardiomyopathy with global hypokinesia 5 (6%) and infective endocarditis 1 (1.2%); patients with CD4 count <100/mm^3 had a high prevalence of cardiovascular abnormalities than those with CD4 counts >100/mm^3; cardiac involvement in HIV patients is commonly associated with opportunistic infections that occur in later stages of disease and can occur without any clinical manifestation; Cardiac dysfunction occurs late in the course of HIV infection. Electrocardiographic parameters and chest radiogram are not useful diagnostic tools; echocardiography is most useful to assess the cardiovascular profile of patients with HIV infection to note subclinical involvement.

Biography

Maria Aziz is a PhD Research scholar from Amity University,with 10 years of Work Experience as Medical Scientist in reputed Research Organizations in India. She has published more than 25 papers in reputed journals and has been serving as an editorial board member of International Journal of Research and Technological Sciences.

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