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Commentary: Paediatric HIV-associated kaposi sarcoma in Uganda

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Abstract

Interested in knowing more about Pediatric HIV-associated Kaposi sarcoma in Uganda, an extensive literature search was done. Despite the advances in the health care system, HIV infection prevalence is still great in Africa. In the sub-Saharan region, Kaposi sarcoma (KS) endemicity is known to be great in Uganda. KS has been labeled as the commonest AIDS-defining malignancy among PLHIV and its prevalence among the pediatric group ranks as a common childhood tumor. It's known to be caused by Human herpesvirus (HHV) 8 whose seroprevalence is high in Africa. Among children, the HHV-8 infection is noted to be either acquired intrapartum or postpartum, which increases their risk of developing KS. Typically, KS Lymph node involvement is the commonest in the pediatric group compared to the cutaneous, oral, and visceral forms in adults. Any child with HIV who presents with a likely lesion should be screened for KS. Its diagnosis is confirmed by the detection of a viral protein latency-associated nuclear antigen (LANA) in a biopsy. In Uganda, pediatric KS cases account for 23% and 32% among 3-5 years and 10-13-year-old children respectively. A study that was carried out by Judith Asasira et al, to stipulate cancer prevalence by 2030 in Uganda, showed a marked decrease in KS cases in Uganda by 22.6% (19.9% in men and 17.6% in women). Achieving this requires addressing the barriers that limit the implementation of interventions that aim at eliminating mother-to-child transmission of HIV infection, timely initiation of Nevirapine antiretroviral therapy (ART) among sero-exposed neonates, and early initiation of ART to newly diagnosed HIV children decreases the prevalence and complications of pediatric HIV. Timely initiation of KS chemotherapeutic drugs favors a good prognostic outcome among the affected children. Success towards HHV 8 vaccine development will also drastically reduce the KS prevalence among the pediatric group.

Biography

Dr. Racheal Nalunkuma is a junior medical doctor at Mengo Hospital, Kampala-Uganda, undertaking her one-year medical internship training which is mandatory to be assigned a working medical license in Uganda. She is a graduate with a Bachelor of Medicine and Bachelor of Surgery, with a background degree in Biomedical Science. Both degrees from Makerere University-college of Health Sciences, Kampala Uganda. Dr. Racheal is enthusiastic about Global Health and activities aiming at achieving the 3rd Sustainable Development Goal. She is subscribed to the Uganda society for health scientists. She has about 3 years of experience in both clinical and public health research with interests in Infectious diseases and non-communicable diseases. She has authored and co-authored about 9+ publications in peer-reviewed journals that have contributed to improving the health care system and service advocacy.

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