The acute AIDS abdomen – a prospective clinical and pathological study

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Disorders of the digestive tract are among the most frequent clinical problems in patients with AIDS. Progressive immunosuppression is associated with more and worse gastrointestinal pathology. A clinical dilemma arises when a patient with advanced disease presents with an acute abdomen. We examined the nature and prognosis of intra-abdominal catastrophes in AIDS patients.

Methods. A prospective clinical study was conducted on HIV-positive patients who presented with an acute abdomen.

Results. Thirteen patients were included. Average age was 36 years. Seven patients presented with advanced AIDS. In 10 the ileo-caecal region was affected by a chronic inflammatory process resulting in ulceration and necrosis. Intestinal tuberculosis was found in 7 patients. Despite optimal treatment more than half the study group died in hospital.

Conclusion. The 'acute AIDS abdomen' proved to be different in nature and prognosis than has been described previously. Intestinal tuberculosis can reasonably be suspected. Operative mortality is unacceptably high. Other treatment options are being investigated.

Outcomes. Despite all efforts, 7 patients died in hospital.

Discussion

AAA is a clinical phenomenon characterised by: (i) ileo-typhlitis, i.e. a chronic necrotising inflammation of especially the ileo-caecal region; (ii) probable intestinal tuberculosis; and (iii) high mortality. It is possible that other options such as non-operative drainage should be explored. In obvious terminal patients with AAA we have employed non-operative abdominal drainage as the sole interventional procedure. We hope to publish our results in the future, but thus far can report some success in terms of survival.

Antiretroviral therapy may change the course of the condition; this study was undertaken before the South African government permitted the roll-out of anti-retroviral drugs to AIDS patients.

REFERENCES
