

AIDS briefs

Kaposi's sarcoma more severe in HIV-infected Zimbabwean women

Women in Zimbabwe who present with HIV-associated Kaposi's sarcoma (KS) are younger than HIV-infected men who present with the disease and have a more severe course, according to a study published recently in the *Journal of Acquired Immunodeficiency Syndromes*.

Generally, across sub-Saharan Africa, it is men who bear the burden of KS in HIV. HIV-related KS is still rare among women outside sub-Saharan Africa, but studies suggest that it is more severe and has a worse outcome in women. The authors of this study looked at a group of Zimbabwean men and women with KS from Parirenyatwa Hospital KS Clinic in Harare. All men and women diagnosed with AIDS-KS between 1998 and 2001 were eligible to participate. In all, 438 men and 166 women with AIDS-KS participated; all were antiretroviral-naïve.

Female patients were generally much younger than male patients, suggesting that women were either infected with HIV at a younger age than men or that immunosuppression associated with HIV infection progresses more rapidly than in men. The authors looked at systemic symptoms of KS in both men and women – fever, weight loss and sweating. They found that, overall, women were more systemically symptomatic than men. The authors think that this may be because women have co-infections that may contribute to the gender-related differences in disease severity. For example, the increased pro-inflammatory cytokines associated with

such infections might have contributed to the HIV-related KS pathogenesis.

The conclusion is that health workers should take more care with women with KS, since they bear the brunt of the morbidity and mortality associated with the disease in this setting.

Meditz AL, et al. *J Acquir Immune Defic Syndr* 2007; 44: 306-308.

Pattern of HIV-related neurological disorders related to antiretroviral access

The frequency with which HIV-related neurological disorders occur varies from region to region and is related to access to antiretroviral drugs, according to a recent presentation at two international congresses on HIV and the nervous system.

Opportunistic infections of the CNS, such as cerebral toxoplasmosis, cryptococcal meningitis (CM) and progressive multifocal leukoencephalopathy (PML) and other brain disorders caused directly by HIV infection (such as HIV dementia) are among the most serious complications that can afflict people with HIV. The incidence and severity of these diseases has fallen dramatically in the developed world, where most HIV-infected people have access to highly active antiretroviral therapy (HAART). But in the developing world, the picture is very different, although diagnosis is difficult because of limited facilities, making a true picture unobtainable.

In sub-Saharan Africa, the most common HIV-associated conditions are infectious diseases, and meningitis is prevalent, particularly cryptococcal meningitis. Tuberculosis is another important cause of meningitis in Africa and in India.

TB, toxoplasmosis, cryptococcus and bacteria meningitis make up the majority of HIV-related CNS infections in the countries where major studies have taken place in the developing world. Increased rates of cryptococcal neurological disease have also increased the rate of stroke in the developing world.

Most people taking part in the conference discussions suggested that as antiretroviral therapy is more available across the developed world, they would expect to see a reduction in the levels of neurological disease associated with HIV. But others pointed out that in these areas treatment is initiated late, so neurological disease may already be established.

Rezza G. Global epidemiology of HIV infection and AIDS. Second HIV Infection and the Central Nervous System: Developed and Resource-Limited Settings, Venice, Italy, 2007.

Hakim J. Epidemiology of HIV CNS disease in sub-Saharan Africa. Second HIV Infection and the Central Nervous System: Developed and Resource-Limited Settings, Venice, Italy, 2007.

Vidal J. Epidemiology of HIV CNS Disease in Brazil and South America. Second HIV Infection and the Central Nervous System: Developed and Resource-Limited Settings, Venice, Italy, 2007.

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Table of some of the key pathological studies from developing countries (adapted from conference proceedings and www.aidsmap.com)

Area	N	Toxo	Crypto	Primary CNS lymphoma	PML	TB	Bacterial
Abidjan	247	15%	3%	1%	1%	8%	5%
India	85	13%	8%	–	–	12%	–
Tanzania	10	–	10%	–	–	10%	10%
Kenya	75	3%	5%	1%	–	11%	5%
Brazil	22	18%	14%	9%	1%	–	–
Brazil	15	40%	27%	7%	–	1%	1%
Brazil	252	34%	14%	4%	–	1%	2%
Brazil	138	21%	12%	2%	–	1%	1%
Brazil	92	10%	3%	–	–	1%	5%
Lima, Peru	16	13%	6%	–	–	–	–