A HIV PATIENT WITH NON-HODGKIN'S LYMPHOMA, HEPATITIS C, RELAPSED PULMONARY TB, SECONDARY PULMONARY HYPERTENSION, AND PAROXYSMAL ATRIAL FIBRILLATION

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Background:
The heart can be a source of morbidity and mortality in patients with HIV/AIDS. It's associated with lower CD4 cell counts and higher viral loads. Heart damage in HIV patients is usually in the form of myocarditis, dilated cardiomyopathy, or isolated right or left ventricular dysfunction. Isolated right ventricular dysfunction can be caused by cardiomyopathy, secondary pulmonary hypertension, or thromboembolic disease and recurrent pulmonary embolism due to intravenous debris in drug addicts.

Methods:
A man 39 years old, with a history of being diagnosed with HIV and pulmonary tuberculosis in 2007. Completed 6-month TB treatment. He received ARV therapy (zidovudine, lamivudine and nevirapine) but stopped taking ARV in 2012. In 2018 he was diagnosed with HIV, non-Hodgkin's lymphoma, C virus hepatitis, relapsed pulmonary TB, secondary pulmonary hypertension and paroxysmal atrial fibrillation. This patient received further ARV therapy (tenofovir, emtricitabine and lopinavir/ritonavir), category II anti TB treatment, digoxin, beraprost, warfarin and chemotherapy with EPOCH (etoposide, prednisone, vincristin, cyclophosphamide and doxorubicin).

Results:
Diagnosis of secondary pulmonary hypertension from echocardiography found dilatation of RA and RV, D-shaped LV, and PH likely. There is also a concentric remodeling from echocardiography. From ECG found low voltage, atrial fibrillation and infrequent PVC. Treatment for secondary pulmonary hypertension is by treating underlying a lung disease so that this patient receives therapy for relapsed pulmonary TB. Diagnosis of non-Hodgkin's lymphoma is based on the results of pathological anatomy on the right axilla biopsy. This patient also has hepatitis C with F4 fibroscan results, so antivirus treatment is recommended for him.

Conclusion:
This patient had experienced recovery from the lung disease and secondary pulmonary hypertension. But this patient irregularly took medicines, so that in this patient found CD4 cell counts decreased and viral load was detectable. Finally, from echocardiography was occurred RV systolic dysfunction and LV systolic dysfunction.

Disclosure of Interest Statement :
No disclosure of interest