THE HIV/AIDS PERINEUM

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Impact of HIV on Practice

- Number of cases
- New presentations
- Growing literature
- Clinical care based on evolving therapies.

- New insights into cellular function.

Main Considerations

- Approach cannot be prescriptive.
- Multiple concurrent pathologies.
  - -infective
  - -inflammatory
  - -malignant
- RVD as a factor in its own right
- IRIS

Treatment of HIV

- In complex disease / in principle:
  - Start by optimizing HAART.
- Treat other infections.
- In longstanding disease always think non AIDS malignancy

STDs

- Expect complex mixtures of pathogens.

- Anal sex in Africa?
- Anal sex is not the preserve of MSM.
- Anal pathology not always the result of anal sex.

- HIV turns classical medicine on its head.
- Expect the unexpected!

HPV

- Condylomata may become massive.
- Surgery often required.
    - Diagnosis
    - Debulking
- High grade dysplasia / follow with caution.

- Imiquimod.

TB in HIV

- Not always TB.
- Commonly MAI.
- Can be exceedingly destructive.
- Fistulous disease of anus.

- Always do TB cultures.
- Always send for PCR.

- Rx: think through complexities.

HSV

- Erosive vaginitis.
- May cause great destruction.
- Ask for tissue stains.
- Serology of little value / do viral loads

- Ask for type I and II

- Gancyclovir

CMV, HIV and the Gut

- CMV often initiates pathology in HIV
- CMV colitis 2nd commonest presentation

- CMV rarely causes fistulae

- Fistulae occur in the highly immunosupressed.

Gonorrhoea Local Disease

- May be missed on culture if not asked for.
- Microscopy of fresh slides.

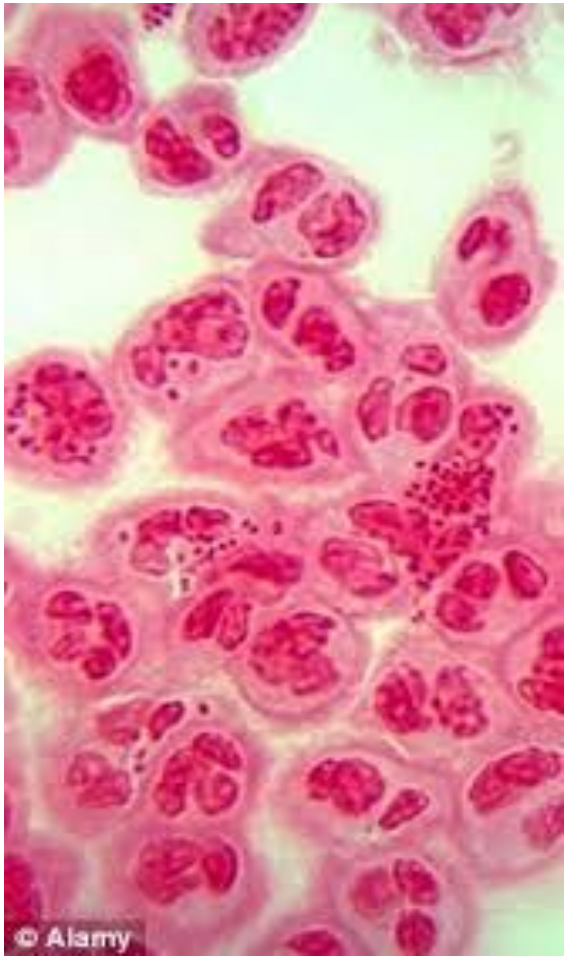
- In the female:
  - the diplococcus has little effect.
- In the male:
  - Urethritis is the commonest presentation
  - Severe cases watering can perineum

Gonococci

- H&E stain
- Wet slide microscopy.
- Can be done in the ward.

- Cultured on chocolate agar.

- Treat: WHO recommendations.



LGV

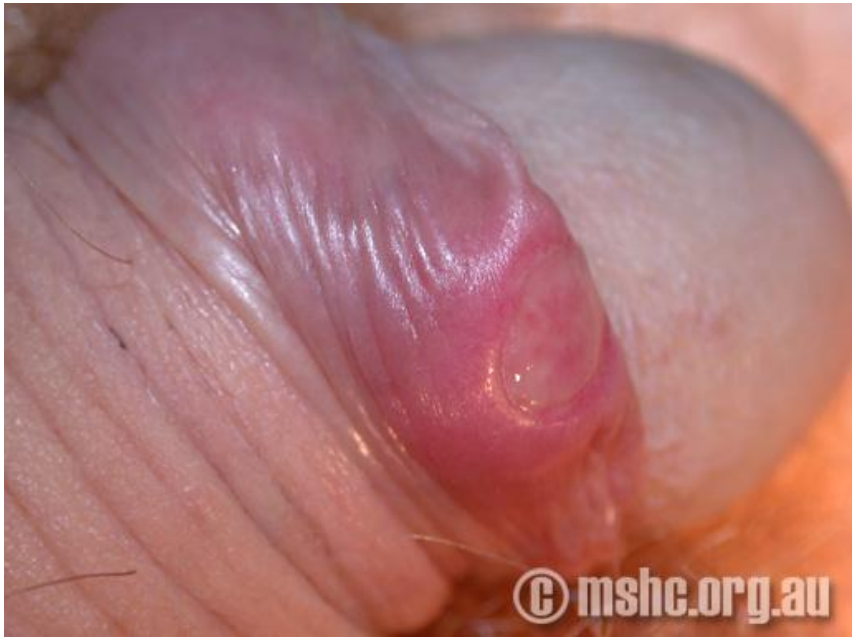
- Chlamydia trachomatis: strain and site.
- Histologically and macroscopically indistinguishable from Crohn's disease
- Think of it and you will see it.
- Donovani bodies.
- PCR with synthetic swabs.

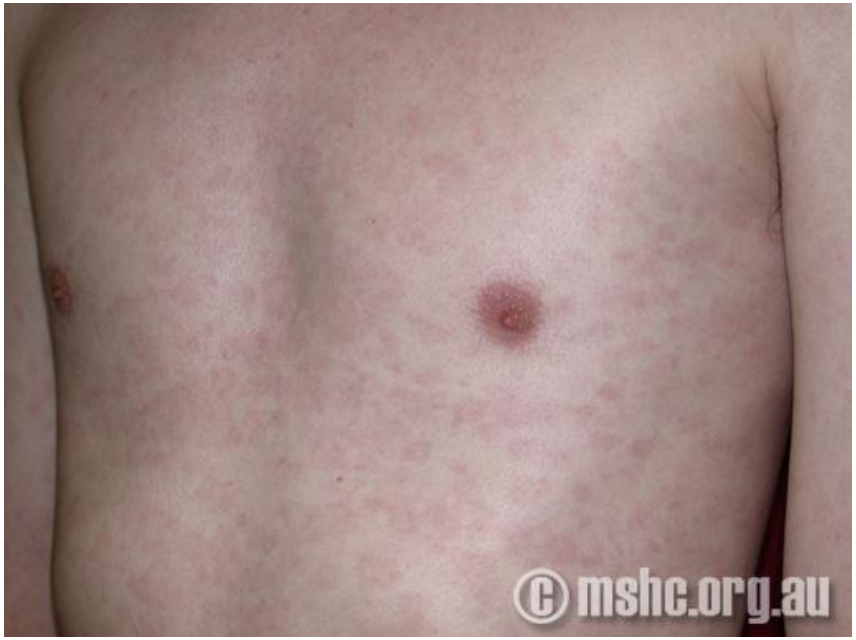
Syphilis

- Possible concurrent infection
- Differential of anal or rectal ulceration.
- Diagnosed in 93.6% cases serologically
- In HIV syphilis progresses rapidly
- Rashes atypical and often florid.
- Primary ulcers often painful

- Penecillin

Syphilis





Malignancy

- The old well managed HIV victim:
  - DM.
  - All malignancies.
  - Ca Anus increasing incidence.

- Early HIV presentations
  - AIDS defining malignancies.

Karposi's Sarcoma

- Don't be in too much of a hurry to rush to theatre.
- Start HAART
- 3rd generation vit A receptor antagonists as local application.
- Avoid radiotherapy

IRIS

- Immune Reconstitution Inflammatory Syndrome.
- Exacerbation of existing perineal inflammation.
- Usually characterized by systemic events.

HIV and IBD

- No associated increased incidence of IBD in HIV.
- Severity of IBD dependent on associated infection.
- Low CD4 decreases IBD flare up.

HIV, the Perineum and the Surgeon

- Lessons from the dawn of the pandemic still pertinent.
- How HAART has changed the playing field.
- Avoid tissue loss especially muscle
- De-function liberally
- Reconstruct the optimized patient