

第14回日本エイズ学会 特別教育セッション

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## Interactive Session

# 症例から学ぶHIV感染症診療のコツ

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# Case 1: Initial visit

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- 21 yo gay man found to be HIV-infected during screening at an STD clinic
- Initial evaluation
  - Asymptomatic
  - Normal physical examination
  - WBC 4300
  - CD4 count 487 cells/ $\mu$ L
  - Plasma HIV-1 RNA level 7,360 (3.87  $\log_{10}$ ) copies/mL

# Case 1: What would you do?

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- 1. Start therapy with ZDV/3TC/efavirenz
- 2. Start therapy with d4T/ddI/indinavir
- 3. Start therapy with ZDV/3TC alone
- 4. Start therapy with d4T/ddI alone
- 5. Discuss treatment options, repeat CD4 count and virus load tests, and schedule a follow-up appointment for next month.

# Case 1: Follow up

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- **21 yo gay man found to be HIV-infected during screening at an STD clinic**
- **Initial evaluation**
  - Asymptomatic
  - Normal physical examination
  - WBC 4300
  - CD4 count 487 cells/ $\mu$ L
  - Plasma HIV-1 RNA level 7,360 ( $3.87 \log_{10}$ ) copies/mL
- **Follow-up at six months**
  - CD4 count 350 cells/ $\mu$ L
  - Plasma HIV-1 RNA level 35,400 ( $4.55 \log_{10}$ ) copies/mL

# Case 1: What would you do now?

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- 1. Start therapy with ZDV/3TC/nelfinavir
- 2. Start therapy with d4T/3TC/efavirenz
- 3. Start therapy with ZDV/3TC/abacavir
- 4. Start therapy with d4T/ddI/nevirapine
- 5. Start therapy with d4T/3TC/saquinavir/ritonavir

# Case 2: Initial visit

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- 23 yo gay man found to be HIV-infected during screening at an STD clinic
- Initial evaluation
  - Night sweats, weight loss
  - Oral thrush
  - WBC 3200
  - CD4 count 154 cells/ $\mu$ L
  - Plasma HIV-1 RNA level 129,000 (5.11  $\log_{10}$ ) copies/mL

# Case 2: What would you do now?

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- 1. Start therapy with ZDV/3TC/nelfinavir
- 2. Start therapy with d4T/3TC/efavirenz
- 3. Start therapy with ZDV/3TC/abacavir
- 4. Start therapy with d4T/ddI/nevirapine
- 5. Start therapy with d4T/3TC/saquinavir/ritonavir

# Case 3

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- **25 yo gay man found to be HIV-infected during screening at an STD clinic**
- **Initial evaluation**
  - Asymptomatic
  - Normal physical examination
  - WBC 4300
  - CD4 count 362 cells/ $\mu$ L
  - Plasma HIV-1 RNA level 33,000 ( $4.52 \log_{10}$ ) copies/mL
- **Started on ZDV/3TC/NFV**
  - HIV-1 RNA 249 ( $2.40 \log_{10}$ ) copies/mL after 4 weeks
  - c/o nausea, diarrhea

# Case 3 (continued)

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- Diarrhea controlled with loperamide
- ZDV changed to d4T
- Follow-up labs

Date	HIV-1 RNA	CD4 count
10/5/98	33,000	362
10/9/98	31,600	371
11/7/98	249	--
12/21/98	<50	451
9/11/99	2,300	511
9/25/99	7,200	501

# Case 3: What would you do?

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- 1. Continue patient on current therapy.
- 2. Repeat the viral load assay.
- 3. Order a resistant test.
- 4. Change to d4T/ddI/nelfinavir
- 5. Use a Quija board.

# Case 3: Follow up

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- Genotypic resistance testing was ordered.
  - PR : wild-type
  - RT : M184V

# Case 3: What would you do now?

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- 1. Continue patient on current therapy.
- 2. Change to abacavir/ddl/efavirenz
- 3. Change to d4T/ddl/RTV/indinavir
- 4. Change to d4T/ddl/nelfinavir
- 5. Add abacavir; keep rest of regimen unchanged

# Case 4

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- **23 yo HIV-infected man**
  - Baseline plasma HIV-1 RNA 75,000 c/mL
  - Baseline CD4 count 230 cells/ $\mu$ L
  - Treatment initiated with AZT/3TC/IDV
- **Plasma HIV-1 RNA <50 copies/mL by week 16**
- **After eight months, plasma HIV-1 RNA=16,000 c/mL**
- **Patient reports difficulty remembering to take mid-day dose due to work schedule**

# Case 4: What would you do?

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- 1. Counsel patient regarding tools for better adherence, but leave the regimen unchanged
- 2. Change therapy to d4T/ddI/nelfinavir
- 3. Change therapy to d4T/ddI/efavirenz
- 4. Order a resistance test
- 5. Use a Quija board

# Case 4: Follow up

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- Results of genotypic resistance testing
  - PR : all wild type
  - RT : M184V

# Case 4: What would you do now?

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- 1. Change regimen to d4T/ddI/ indinavir
- 2. Change regimen to d4T/ddI/nelfinavir
- 3. Change to d4T/ddI/efavirenz
- 4. Change to BID IDV by adding low-dose ritonavir, but keep the nucleosides the same (AZT/3TC)
- 5. Change to BID IDV by adding low-dose ritonavir, and change nucleosides to d4T/ddI

# Case 5

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- **49 yo HIV-infected woman**
- **Initial treatment with AZT/3TC/indinavir (1995)**
  - Discontinued AZT due to GI intolerance
  - Developed severe peripheral polyneuropathy on d4T requiring methadone for pain control
- **Indinavir monotherapy (96-97)**
  - Plasma HIV-1 RNA 12,650 (4.10 log<sub>10</sub>) copies/mL
  - CD4 count 325 cells/μL

# Case 5 (continued)

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- **Switched to abacavir/saquinavir/ritonavir**
  - VL decreased to <50 c/mL.
  - ABC discontinued due to worsening neuropathy.
  - Treatment halted when RTV liquid substituted for caps.
  - HIV-1 RNA 47,320 (4.68 log<sub>10</sub>) c/mL
  - CD4 count 283 cells/μL.
  - Genotype: PR 32V, 46I, 82A, 90M ; RT 184V
- **Re-started treatment with ZDV/3TC/efavirenz**
  - Complicated by numerous toxicities and halted again.
  - VL declined to 650 c/mL but rebounded to 43,520 c/mL.
  - CD4 count increased to 340 then declined to 298.
  - Phenotype: PI sensitive; NRTI sensitive; NNRTI resistant.

# Case 5: What would you do?

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- 1. Start ddI/ABC/ritonavir/amprenavir
- 2. Start ZDV/3TC/ritonavir/indinavir
- 3. Start ZDV/3TC/ritonavir/lopinavir (ABT378)
- 4. Start ZDV/3TC/delavirdine/nelfinavir
- 5. Continue to monitor patient off therapy

# Case 6

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- **A 34 yo man with HIV infection has been treated for three years with d4T/3TC/indinavir**
  - plasma HIV-1 RNA is <50 copies/mL
  - CD4 count 640 cells/ $\mu$ L
- **Recently the patient has noted increasing abdominal girth and complains of thinness in his face and legs**
  - Cholesterol 320 mg/dL
  - Triglycerides 710 mg/dL
- **The patient notes the onset of fatigue, myalgias, non-specific symptoms of malaise**
  - a venous lactate level is 6.2 mM

# Case 6: What would you do?

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- 1. Discontinue all antiretroviral therapy
- 2. Change therapy to d4T/ddI/abacavir
- 3. Change therapy to AZT/3TC/nelfinavir
- 4. Change therapy to efavirenz/ritonavir/saquinavir
- 5. Change therapy to efavirenz/ritonavir/saquinavir and add a lipid-lowering agent (eg, pravastatin)