

IMPACT OF THE ASSOCIATION OF GENITAL INFECTIONS IN HIV-INFECTED WOMEN

IMPACTO DA ASSOCIAÇÃO DE INFEÇÕES GENITAIS EM MULHERES INFECTADAS PELO VÍRUS HIV

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Dear Editor-in-chief,

The incidence of human immunodeficiency virus (HIV)-infected women is vertiginously raising. The virus mainly affects women at the reproductive phase, and the presence of genital co-infections is very common^(1,2). These infections may increase HIV susceptibility due to decrease in the amount of lactobacilli in the vaginal flora and consequent loss of H₂O₂ protection, break of continuity of the epithelial barrier, recruitment, and stimulation of cells that are susceptible to infection by the virus or for stimulating HIV replication^(1,3). Among the main co-infections, we have genital herpes, syphilis, bacterial vaginosis, trichomoniasis, chlamydia, gonorrhoea, and candidiasis. Genital herpes together with human papilloma virus (HPV) infection is considered the most prevalent agent and, consequently, the one that can most be associated with HIV infection. This is a worsening that, when associated with HIV, has higher rates of recurrence, besides the fact that it increases the replication rate of HIV in the mucus membrane⁽⁴⁾. HIV changes the course of herpes virus infection and may happen in different formats of the usual clinical course^(1,5). Ulcers that persist for longer than a month suggest immunodeficiency, and HIV infection must be investigated. Its treatment should be performed in a diversified manner⁽⁶⁾. Genital ulcers in HIV-positive women will be more present in syphilis, however the treatment is the same as in HIV-negative women⁽⁶⁾.

Bacterial vaginosis, depending on the microorganism involved, may increase in up to 100 times the level of genital HIV⁽⁷⁾. The appropriate retroviral treatment is important in these patients, since it improves CD4 cells counting and decreases occurrence of persistent infections. Trichomoniasis does not have its track modified by the HIV, but the proper treatment of this disease reduces the viral load in the vaginal secretion⁽⁶⁾. Chlamydia and gonorrhoea are generally asymptomatic infections; however, they may evolve to pelvic

inflammatory disease, especially more frequently in HIV-positive women. Furthermore, when such association is present, a clinical presentation with more severe symptoms and higher chances of evolution to ovarian abscess may happen⁽⁶⁾.

Finally, vulvovaginal candidiasis is a high-prevalence entity in the female population. In seropositive patients, there is an increase in the frequency and severity of the symptoms^(1,8). CD4 cells counting lower than 200 cells/mm³ and viral load higher than 10 thousand copies/mL increase the risk of worsening. Persistent forms of vulvovaginal candidiasis and those with weak response to therapy are suspicions for HIV virus co-infection⁽⁹⁾. It is important to emphasize that HIV presence may change the clinical presentation, course and therapeutic response of some infections, mainly in HIV-infected patients with a significant immunologic deficiency and especially in those with AIDS and high viral load.

Therefore, just as it is very important the universal tracking of HIV infection, in these patients tracking of possible genital infections should also be implemented. Thus, we will be increasing protection of HIV-infected women so that infections cannot follow other forms, which can not only deteriorate the HIV course, but also can worsen the evolution of genital co-infection, when associated. Also, by doing this we will be collaborating for decreasing transmission risk of HIV infection and similarly of the genital infections that may be associated.

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