тоды эндоскопического гемостаза, показавшие эффективность при ДК, такие как инъекции эпинефрина, электрокоагуляция, эндоскопическое лигирование дивертикулов [2,3,5,6,14,15]. Однако в доступной литературе не было сообщений о местном применении гемостатических материалов, так же как и о превентивном применении коагуляции дивертикулярных сосудов.

Заключение. Приведенные нами клинические случаи свидетельствуют о том, что на фоне приема антикоагулянтов и НПВС возможно развитие кровотечения при левостороннем дивертикулезе даже при единичном поражении дивертикулами ободочной кишки. Показана эффективность активной тактики с применением первичного эндоскопического гемостаза способом тампонирования дивертикулов гемостатическим материалом «Surgicell Fibrillar». В последующем проведенная превентивная коагуляция перидивертикулярных сосудов позволила избежать рецидивов дивертикулярных кровотечений, нередко требующих комплексной интенсивной терапии и возможного оперативного вмешательства.

Сведения об авторах статьи:

Галимов Нажип Мажитович – врач-эндоскопист ГБУЗ РБ ГКБ № 13. Адрес: 450112, г. Уфа, ул. Нежинская, 28. E-mail: nagip77@mail.ru.

Хидиятов Ильдар Ишмурзович – д.м.н., профессор, зав. кафедрой топографической анатомии и оперативной хирургии ФГБОУ ВО БГМУ Минздрава России. Адрес: 450008, г. Уфа, ул. Ленина, 3. E-mail: hidiyatoff.ildar@yandex.ru.

Гумерова Гульнара Тагировна – к.м.н., доцент кафедры топографической анатомии и оперативной хирургии ФГБОУ ВО БГМУ Минздрава России. Адрес: 450008, г. Уфа, ул. Ленина, 3. E-mail: gumerta@gmail.com.

Бадыкова Гузель Рашидовна – зав. отделением эндоскопии ГБУЗ РБ ГКБ № 13. Адрес: 450112, г. Уфа, ул. Нежинская, 28. E-mail: guzelika@mail.ru.

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УДК 616.98:617.7

Zhang Yanyan, Zhang Hong

A HIV INFECTED PATIENT WHICH WAS FIRST DIAGNOSED IN OPHTHALMOLOGY

Ophthalmology hospital of First Affiliated Hospital of Harbin Medical University, China

Since the first case of acquired immunodeficiency syndrome (AIDS) was diagnosed in 1981, the number of cases of human immunodeficiency virus (HIV) infection has been continuously increasing around the world. In China, HIV/AIDS is spreading throughout the whole country in a surprising speed. Therefore, understanding HIV/AIDS as much as possible has been the responsibility for every health care worker in China. In the review, we present a HIV infected patient which was first diagnosed in ophthalmology. Brief introduction to the following topics will be given in this review, including the key ocular manifestations of the HIV infected patient, and the major procedures of HIV/AIDS in our clinical experiences. It is necessary to carry out the routine ophthalmologic screening for suspected AIDS patients and early diagnosis HIV related ophthalmology.

***Key words*:** HIV, ocular manifestations, treatment.

To report a case of HIV infection in Ophthalmology, and to ensure the correct diagnosis and vigilance of HIV by atypical ocular diseases.

A patients with HIV who's vision of left eye has decreased for two months was admitted to our hospital in 2016. After admission, the patient was asked about the history of the disease, underwent eye examinations and laboratory related examinations, and received hormonal, antiviral and symptomatic treatment. The results of the examination and the changes of the condition were recorded.

Ophthalmic examination: VD:1.0, VS:HM, TR=12mmHg, TL=25mmHg. There was little hemorrhage and extravasation in right retina; tiny haemangioma, blood tortuous and dilatation was observed. The left eye showed conjunctival hyperemia and corneal opacity, a large number of serum like keratosis pilaris (KP) attached to the cornea, which gradually enlarged and then fused into a club at the center, became smaller nearly surrounding. The anterior chamber depth was normal. Aqueous humor was turbid, not round pupil, d=4.5mm, light reflex(-), partial iris synechia. Y pale blue opacity was observed in the center of lens, point-like opacity at the margin. Ocular fundus could not be seen. Anterior ocular segment photograph (Fig. 1) and ocular ultrasonography (Fig. 2) at admission was listed.

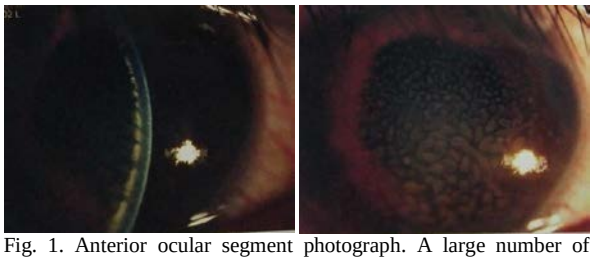

Fig. 1. Anterior ocular segment photograph. A large number of serum like KP attached to the cornea, which gradually enlarged and then fused into a club at the center, became smaller nearly surrounding. The anterior chamber depth was normal. Aqueous humor was turbid, not round pupil, d=4.5mm, light reflex(-), partial iris synechia. Y pale blue opacity was observed in the center of lens, point-like opacity at the margin. Ocular fundus can not be seen

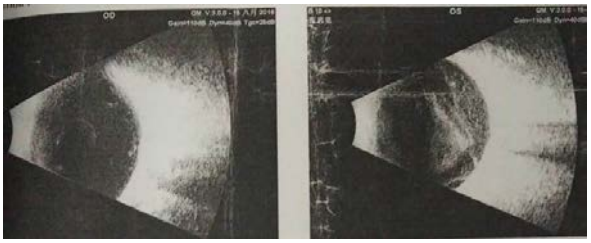

Fig. 2. Ocular ultrasonography. Vitreous opacities in both eyes and vitreous hemorrhage in the right eye. IOP:TR=12mmHg, TL=25mmHg

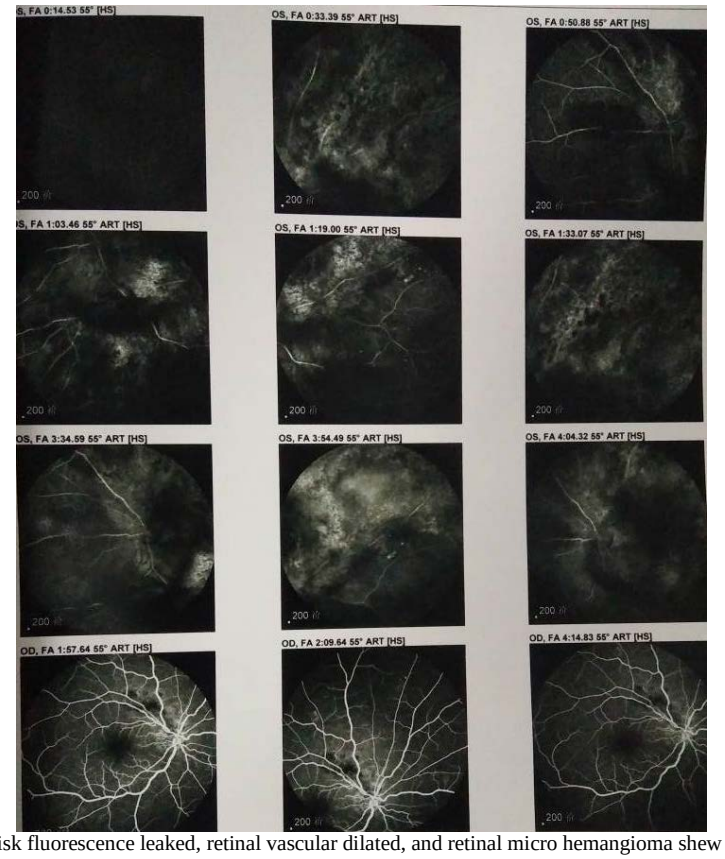

Fig. 3. FFA. Optic disk fluorescence leaked, retinal vascular dilated, and retinal micro hemangioma shew strong fluorescence. Hemorrhage blocked fluorescence, and retinal circulation time was slightly longer

FFA (Fig. 3) shows: optic disk fluorescence leaked, retinal vascular dilated, and retinal micro hemangioma showed strong fluorescence. Hemorrhage blocked fluorescence, and retinal circulation time was slightly longer. Macular dark area was not clear.

Laboratory examination: blood routine: white blood cell 3.28×109 /L, neutrophil 76.24%,

lymphocyte 17.14%, monocyte 6.14%, eosinophils 0.3%, red blood cell 3.59×1012/L, hemoglobin 114g/L, platelet 142g/L. Laboratory immune response test: syphilis, hepatitis B virus and hepatitis C virus examination results were negative, anti human immunodeficiency virus (HIV) positive. The electrocardiogram indicated that once atrioventricular block (AVB), the coagulation result is normal. The patient was very depressed and had an unexplained syncope once after admission. The condition improved after treatment. (Fig. 4).

He was discharged from the hospital after receiving treatment for 10d (Fig. 5).

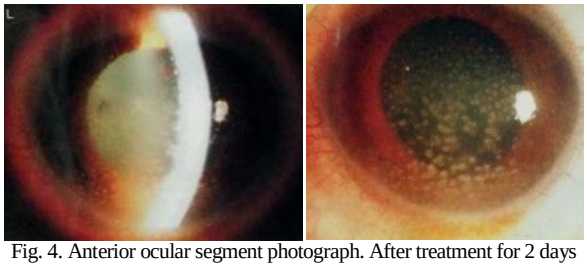

Fig. 4. Anterior ocular segment photograph. After treatment for 2 days

Fig. 5. Treatment for 10d: corneal KP(-), crystal turbid state unchanged. Fundus exudated, blood diminuted, Partial peripheral vascular dilation, scattered micro hemangioma and hemorrhage area was observed

Vision of left eye at discharge : HM, corneal KP(-), crystal turbid state unchanged. Fundus exudated, blood diminuted, Partial peripheral vascular dilation, scattered micro hemangioma and hemorrhage area was observed.

Conclusion

The patient denied drug use, blood transfusion and marital history. Combined the test results and the history, the patient was sent to the Provincial Center for Disease Control for examination again, and was also diagnosed as HIV carriers. Final diagnosis: HIV carriers, left eye uveitis, left eye cataracts.

Discussion

AIDS is caused by HIV infection[1]. The pathological changes were mainly due to the infection of CD4T lymphocyte[2,3]. In China, the number of HIV/AIDS patients is increasing, with ocular manifestations as the first diagnosis of the patient being not uncommon[4]. HIV virus exists in the human body, aqueous humor, vitreum, and also cornea, retina and optic nerve or other tissues[5-7]. It have been reported there was still high HIV viral load in HIV patients, blood and tears after treatment, suggesting that the lacrimal gland, tear may be HIV virus, new stronghold[8-10]. It also reminde that medical workers should be careful on treatment of HIV positive patients in the clinical eye examination or surgery. This case is a HIV infection with uveitis as the primary manifestation. This suggests that we should pay attention to the possibility of HIV infection in young people with severe atypical uveitis.

Authors:

Zhang Yanyan – BMED, Dr. Ophthalmology hospital of First Affiliated Hospital of Harbin Medical University. Address: No. 23, Youzheng Street, Nangang District, Harbin 150001, China.

Zhang Hong – MBBS, PhD, Prof. Ophthalmology hospital of First Affiliated Hospital of Harbin Medical University. Address: No. 23, Youzheng Street, Nangang District, Harbin 150001, China. E-mail: yeyan41015@163.com

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