



HIV infection and severe malnutrition: a clinical and epidemiological study in Burkina Faso.

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OBJECTIVE: To define a clinical profile indicative of HIV infection in a population of severely malnourished children in Burkina Faso. A total of 433 children (average age, 19 months) were recruited at the Sanou Souro National Hospital, Bobo Dioulasso, Burkina Faso.

RESULTS: Sixty-three per cent presented with marasmus, 13% with kwashiorkor and 24% with both forms of malnutrition. The prevalence of HIV infection in children aged over 12 months was 13.8%, with a marked predominance of HIV-1 (95.8%). Mother-to-child transmission was proven in 77% of the cases; in 10% of the observed paediatric AIDS cases, transmission may have occurred through multi-injections with contaminated equipment. Marasmus was the form of malnutrition most frequently associated with HIV ($P < 0.001$); its severity was exacerbated by HIV infection. Adenopathy ($P < 0.0001$), oral candidiasis ($P < 0.0006$), skin disorders ($P < 0.01$) and hepatomegaly ($P = 0.01$) appeared to be significantly related to HIV infection. Discriminant analysis revealed that the presence of adenopathies was the strongest indicator symptom of HIV infection. Multivariate analysis revealed that a clinical profile of marasmus, adenopathies and oral candidiasis (specificity, 82%) was indicative of HIV infection in this population. The short-term clinical prognosis was poor and usually led to the death of the child when seropositive ($P < 0.001$).

CONCLUSIONS: Among children exhibiting severe malnutrition, HIV-positive children are distinguished by a high horizontal transmission rate, a high specific clinical profile and a very poor prognosis.

Résumé en anglais

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