Unrecognised human immunodeficiency virus patients in an emergency department in Hong Kong: a report of four cases

KL Mok and PG Kan

Human immunodeficiency virus (HIV) causes breakdown of the immune system and predisposes patients to various opportunistic infections and neoplasms. However, many patients may not be aware of the HIV infection before the development of their first HIV related complications. We reported four unrecognised HIV patients presenting to our accident and emergency department with common complications of HIV infection and the acquired immunodeficiency syndrome (AIDS). Although not as common as in America, emergency physicians in Hong Kong still have to take care of patients with unknown HIV status. The common presentations of HIV patients will be discussed. A high index of suspicion and knowledge of common HIV/AIDS complications are required for managing these patients. (Hong Kong j.emerg.med. 2005; 12:168-177)

Keywords: Acquired immunodeficiency syndrome, HIV infections, hospital emergency service, Pneumocystis, Pneumocystis pneumonia

Case 1

A 35-year-old male Thai worker came to our emergency department in August 2002, with coughing and fever for the past one week. The coughing was productive of whitish sputum. On examination, he was fully conscious and not in respiratory distress. The vital signs were stable. He was febrile at 38.5°C. The examination of the chest showed bilateral basal crepitations, more on the right side. Chest radiography (CXR) showed bilateral diffuse mottling over both lungs with a normal heart shadow (Figure 1). Atypical pneumonia was the clinical diagnosis and he was admitted to the chest unit for further management.

After admission, Pneumocystis carinii pneumonia (PCP) was suspected clinically. Computed tomography (CT) of the thorax revealed diffuse patchy ground glass opacities in both lungs, more remarkable in the upper lobes (Figure 2), compatible with PCP.

Human immunodeficiency virus (HIV) serology was