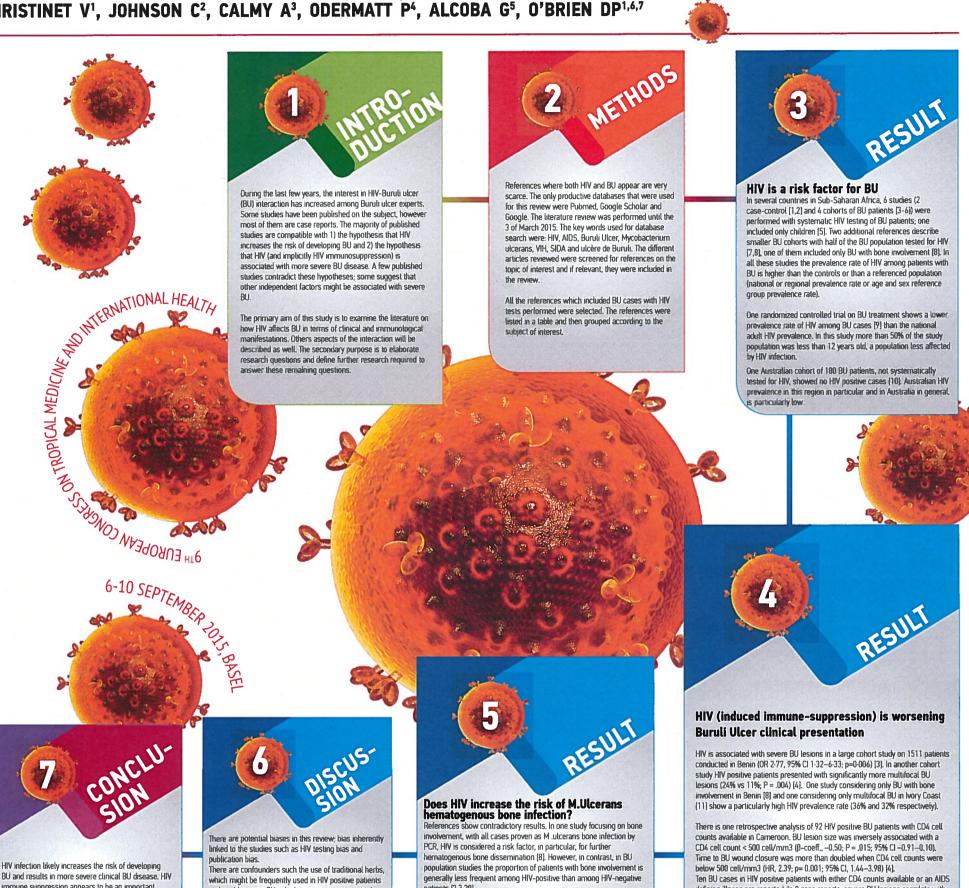
## HIV AND BURULI ULCER AN EXHAUSTIVE LITERATURE REVIEW

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BU and results in more severe clinical BU disease, HIV immune suppression appears to be an important factor in cases of severe BU, particularly among

The magnitude of HIV's impact on BU varies from one setting to another, depending on local HIV and BU prevalence. It also depends on the relative age and sex related HIV prevalence.

in settings where HIV and BU prevalence are high, the management of co-infected patients represents significant management challenges to health

scientific evidence that may lead to improvements in the clinical care of co-infected patients and to a strengthening of WHO guidance on HIV-BU

and could worsen BU, which in most cases is not taken

Moreover it appears that in some cases HIV positive patients with severe BU have a long BU evolution history before entering medical care, which could be related to the stigmatization of both infections (HIV and BU). This can also be a confounder for severe lesions observed among some HIV positive patients [20].

However, in the Cameroon study, BU evolution history was not a significant factor associated with increased BU lesion size in the multivariate analysis of HIV positive patients. The use of traditional medicine was the only other factor, in addition to low GD4 cell count, significantly associated with a larger BU lesion size [4].

High mortality rate in HIV-BU co-infected patients in HIV negative patients, mortality associated with Burult ulcer is rare.

in HIV-BU co-infected patients the mortality rate is much higher. Many studies / case reports relate death among co-infected patients. sometimes despite anti-retroviral treatment and relatively high CD4 cell counts. [6,18,19,30-32]. In a BU cohort in Carneroon including 459 patients 11% of HIV-BU co-infected patients died compared to 1% of BU patients with a documented HIV negative test (p<0.001). The medi CD4 cell count among the 8 deceased patients was 228.5 cell/mm3 (IQR, 98-378). None was under antiretroviral therapy (ART). The median duration of time to death was 41.5 days (IQR, 16.5-56.5), [4]

Ten BU cases in HIV positive patients with either CD4 counts available or an AIDS defining illness are reported. In 9 case reports, severe BU tesions correlate with low CD4 cell count or AIDS [2,4,12-18]. One case of BU, described as typical BU with a good evolution, is reported in an HIV positive woman with a CD4 cell count of 500 cett/mm3 (not considered as significantly immunosuppressed). There was one case of severe BU in a HIV positive patient without a CD4 cett count available and the patient died [19] and one case of severe facial BU with documented HIV without a CD4 cell count available [20]. Several cases of non-severe typical BU with good evolution are reported in HIV positive patients. No information is given regarding their CD4 cell counts [7,21].

Severe BU cases with some very extensive lesions are reported in 8 HIV negative children [22-28]. Co-morbidities such as malnutrition, sickle cell trait, anemia and malaria are reported in some cases (25.27).

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