ABSTRACT

Objective: The evaluation of smell function in HIV infected patients in a case control setting including the subjects and method: Seventy patients who had proven HIV infection and seventy matched control cases were selected. Adding to the above criteria, the CD4 count, the latest CD4 count, opportunistic infections, drug history, associated diseases, subjective smelling (VAS-Visual Analogue Scale) and Threshold Test were evaluated.

The present results indicate that there are significant differences in this control group. In this study, the smell threshold was selected. Also, the results of this study revealed that some related condition like smoking, gender, and atravirial antibody had significant relationship with smell status.

Conclusion: HIV infected patients had significantly different smell function than normal subjects.

INTRODUCTION

The role of an intact smell function in a normal life was accepted by all people. According, it can be considered more important in health than in many organs. Among these types of disease, AIDS is a recent decades problem need more attention. Nowadays over 40 million people affected of this disease.

The existence and probably exact mechanism of smell problem were debatable topics. There were few publications also on the possible relationship between smell and quality of life, CD4 count and opportunistic infections. The mechanism for subjective smell association with opportunistic infections, self control and exactly prevalence and the mechanisms are unclear. In this study, we attempted to study the correlation mechanism for subjective smell and anosmia related to HIV infection and accordingly it can be an early study smell threshold. Moreover, the results of this study showed that subjective smell problem in HIV infected patients but none of them was a real case control setting.

INTRODUCTION

Seventy patients who had proven HIV infection and they were older than fourteen years old were entered in this study. Also, if they had history of head trauma, nasal problems (sinusitis, nasal polyps or nasal tumors), history of any nasal infection in last two years, any other congenital or acquired smell problems were excluded from the study. Also, case and control cases were selected among normal subjects without HIV infection, but with the same above mentioned exclusion criteria.

METHODS AND MATERIALS

In this study all cases and control subjects were referred to behavioral problems research center of a tertiary academic referral hospital (Tehran Khoohestan hospital complex) from September 2011 until January 2012.

In addition, using demographic data, the age and duration of infection, the latest CD4 count, the opportunistic infections , drug history, associated diseases, subjective smelling (VAS-Visual Analogue Scale) and Threshold Test were evaluated. Also, in control group the same smell evaluation as the case group were performed.

Data were analyzed using SPSS version 16.0 for Windows (SPSS Inc, Chicago, IL). The smell threshold test was compared in case and control groups by usage of Chi2 and Mantel Haensel considering smoking as a confounding factor. Also for the rest of variables, the Mann-Whitney and Kruskal-Wallis test were used. The values were evaluated using descriptive statistical methods (mean ± standard error) and p-value. 0.05 was significant.

RESULTS

Seventy HIV infected patients and also seventy normal matched subjects were entered into this study. The cases and controls' characteristics were summarized in table 1.

The ways of HIV infection were shown in Chart 1. Moreover, the other HIV infected patient's characteristics were shown in Chart 2.

DISCUSSION

Over the years, so many researchers presented the possible effect of AIDS on smell function of affected patients. Considering, the important role of smell function in health and quality of life, especially for those who suffer from so many related associated problems causes loss of appetite and possibly malnutrition. Therefore, current study tried to evaluated smell problems other allied conditions in a case control setting.

The role of an intact smell function in a normal life was accepted by all people. Additionally, smell dysfunction, in most cases are not only a subjective smell problem in HIV infected patients but also an objective smell problem. Therefore, current study tried to evaluate the mechanisms of smell problem , but can revealed that some related condition like smoking , gender, and antiviral antibody had significant relationship with hypostasia.

CONCLUSIONS

REFERENCES


Olfactory Disorders in HIV Positive Patients

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