



POSTER PRESENTATION

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The prevalence and presentation of heart disease in HIV positive adults attending a clinic at Mulago hospital, Kampala, Uganda

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From 16th International Symposium on HIV and Emerging Infectious Diseases
Marseille, France. 24-26 March 2010

Background

In the pre-HAART era, HIV related heart disease was described as an often overlooked consequence of the infection. Heart disease of non-infectious etiology unmasked by the clinical management of HIV is more often described. The signs and symptoms of heart disease when present portend a poor prognosis. This study sought to document the magnitude of cardiac involvement in Ugandan HIV patients. The objective was to determine prevalence, describe the clinical, echocardiographic and electrocardiographic presentations of heart disease amongst HIV positive adults attending a clinic (IDC) during the study period between September and December 2003.

Methods

This was a cross-sectional descriptive study. Five consenting HIV sero-positive adults attending IDC were selected three times weekly by systemic random sampling achieving a sample size of 128. Measurables including history and examination, electrocardiography and echocardiography were recorded in a pre-tested data collecting tool. Electrocardiography and echocardiography tests were conducted at the Cardiac Institute at the same hospital.

Results

Only 15.6% of patients were accessing antiretroviral therapy. Most cardiovascular abnormalities were sub clinical and only detected at echocardiography. 11/128 patients were in clinical heart failure; majority in WHO clinical stage IV disease. At least one cardiovascular

abnormality was detected in 69% of the patients studied. Cardiovascular abnormalities were more prevalent in the more immunosuppressed patients in WHO Clinical Stage III, IV (34%) and least prevalent in WHO class II (9%) $p = 0.028$. 2 dimensional echocardiography detected cardiovascular abnormalities in 41.5% of patients. Electrocardiography detected abnormality in 40.6%, Doppler detected in 14.3% and clinical evaluation 10.2%. The main echocardiography abnormality was Left Ventricular Dysfunction (58.7%). The only clinical signs and symptoms alluding to cardiovascular disease was third heart sound ($p = 0.014$), tender hepatomegaly ($p = 0.011$), and oedema ($p = 0.05$).

Discussion

Cardiovascular abnormalities are common in adult HIV patients. The presentation is mainly sub clinical and more prevalent in severe immunosuppression. Signs and symptoms alluding to cardiovascular disease are easily masked by extra cardiac disease in these patients. Patients with advanced HIV disease should be carefully evaluated for cardiovascular disease by use of potentially cardio-toxic drugs.

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Published: 11 May 2010

doi:10.1186/1742-4690-7-S1-P35

Cite this article as: Ocero et al.: The prevalence and presentation of heart disease in HIV positive adults attending a clinic at Mulago hospital, Kampala, Uganda. *Retrovirology* 2010 **7**(Suppl 1):P35.

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