

phil function. Her serum immunoglobulins by nephelometry revealed low IgA (20 mg/dL), low IgG (<200 mg/dL) with elevated IgM (>240 mg/dL) suggestive of ARHIM. She was treated with 4 drug antituberculous therapy. She was started on trimethoprim-sulfamethoxazole prophylaxis and advised regarding immunoglobulin replacement therapy.

Osteomyelitis is a rare manifestation of HIGM and though infections with intracellular pathogens like cytomegalovirus, cryptococcus, candida, histoplasma, toxo-plasma, bartonella have been reported, tuberculosis is a relatively rare clinical manifestation of HIGM(2). Tuberculosis is common in Primary T cell immunodeficiency and IL-12 receptor defects(4). Cutaneous tuberculosis is seen predominantly in immunocompromised patients as was seen in our patient and when present one must suspect an underlying immunodeficiency(5).

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Pediatric HIV Infection/AIDS in Agra

Pediatric HIV infection is rapidly emerging as a problem among children in India. As per HIV/AIDS sentinel surveillance data, Uttar Pradesh comes in group-III(1), showing low prevalence of HIV infection. Several factors make Agra a specially vulnerable area from the point of view of HIV transmission. Agra, being major tourist destination, is well

connected by major highways and rail-routes to major cities. This also increases the likelihood of transmission to a significant degree.

This prospective study was conducted among hospitalized children between November 2001 and March 2003 at Department of Pediatrics, S.N. Medical College, Agra. For this study 120 children from 18 months to 12 years of age, suspected of having HIV/AIDS as per WHO criteria for

diagnosis of AIDS in children in developing countries, were studied(2). Children below 18 months were not included in our study because of diagnostic difficulties. After taking consent from their parents, all these children were examined and screened for HIV infection. Diagnosis of HIV infection was confirmed by three positive ELISA tests i.e. three different ELISA on same sera, according to WHO strategy-III(3).

Out of total 120 children screened, 10 cases turned out to be HIV positive, showing the prevalence of 8.3% in high likelihood hospitalized children in this area. A similar study from Aligarh, Uttar Pradesh by Lahiri *et al.*(4) showed prevalence less than 1% in high risk hospitalized children. The high prevalence of 8.3% among high risk hospitalized children in our study is in sharp contrast to their observation. A study from Mumbai has shown prevalence as high as 15% among clinically suspected hospitalized children(5).

Most common route of infection in affected children was perinatal in eight (80%) followed by blood transfusion in one(10%). Mode of transmission in one case could not be determined. Sexual route was the most common route of infection in parents of affected children, as history suggestive of sexual promiscuity was obtained in 87.5% of these parents. Evaluation of awareness level revealed that 36.7% fathers and 63.2% mothers of total screened children had never heard of AIDS till the time of diagnosis. This lack of

awareness is probably the most important cause for such a high prevalence of HIV transmission in this area. At this stage, we feel that, a more practical and planned approach is needed to increase disease awareness and penetrability of health services, so that the rapid spread of this deadly disease could be halted in time.

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