Adolescent case 4
14 yr male  DOB: 23/2 /2003   wt=33kg  ht=150cm
1/12/2003 initiate d4t-3tc-Rtv at RXH cd4=10%

. march 2004 : PTB and started TX.
Never manage to suppress Vl.
March 2006, mother dev PTB.April 2006 pt given IPT For 6 months.
14/8/2006 mother dies without disclosing status to family. Gd mother takes over the care
Child transferred from RXH→GDH.
Granny is monitoring well. for first time VL <1000 with an adh on paper 92-104%(VL=889)
Child is growing well, happy with just mild cutaneous manifestations
VL >2000 in January 2007
The CD4 was increasing in % as well as the VL.

In August 2007, CD4 = 38%  VL = 2751  4 yrs
14/5/2008      1256  VL = 5118  5 yrs
10/6/2009      885   VL = 5473  6 yrs
12/5/2010      959   5072  7 yrs
10/8/11        901   3838  8 yrs
18/4/2012      694   15222  9 yrs
During this time, he developed dental caries, csom with poor hearing, poor growth on RTHC, with a good adherence on paper.

Developed lipodystrophy.

In April 2011 had resistance test done on him:
- resistant to most NRTIs
- resistant to Nvp/Efv
- low resistance to PIs

After discussion of genotype, he was put on 3tc monotherapy and the process of disclosure started.
23/5/2012 - 3tc monotherapy and monitor cd4 3 monthly till cd4<200
8/10/2013 review regimen decision. continue monitor cd4. if <300 Reg-AZT/ABC-KLT
4/11/2014...11yrs good adh on 3tc only
No growth(25kg for 120cm) cd4=602 with recurrent dermatitis. Pt put n AZT/ABC/Allu
More aware of his reality. He can make decisions for himself..trouble start.

Poor adherence, refuse to take the ABC (pill burden). Adh is addressed and support given.

→unfortunately never managed to supress.

May 2015    cd4=656    vl6112    12yrs
March 2016   vl26094   13yrs

Adh addressed and genotype test done
• Results: he is susceptible to all the PIs.
• He is now growing. wt=33kg  hgt 148cm
• Still struggles to swallow the ABC.
• He is awaiting placement in a special school.
• Relationship with gd mother is deteriorating as he is now in his adolescence......

At this point just adherence counselling and home visit is happening. Any suggestion on management?