

ABSTRACT

HIV/AIDS continues to be an important public health challenge in sub Saharan Africa. It is estimated that approximately 68% of people living with HIV in the world are from this region [1]. South Africa has the largest infected population in the world, the adult (15-49 years) HIV prevalence is estimated at 17.64% [2]. It has been estimated that 40 - 70% of such HIV positive individuals present with head and neck manifestations, which include infection, inflammation and tumours, and are often the only and initial presenting sign [3,4]. Peritonsillar abscess is the most common deep infection of the head and neck in young adults and can occur in all age groups, but the highest incidence is in adults 20 to 40 years of age [5].

The aim of this study was to assess the relationship between peritonsillar abscess and the HIV status of patients. Method: An analytical cross sectional study utilising retrospective clinical data from ward registers, patient records, treatment registers and National Health Laboratory System (NHLS) databases. This study was conducted in the adult ENT ward at the Chris Hani Baragwanath Hospital and sample consisted of patient records over a 4 year period from January 2005 to December 2008. All patients admitted to the ENT ward with the discharge diagnosis of peritonsillar abscess that have been tested for HIV were included in this study.

In this study period 450 patient files were reviewed of which 291 fulfilled the inclusion criteria. The demographic details, clinical presentation which included head and neck manifestations of HIV, the HIV status, management and complications of peritonsillar abscess were recorded. This data was analysed using STATA-10 software.

Results: The age ranged from 15 to 63 years with a mean (SD) 29.3 years (9.58). From the 291 patients, 86 (29.55%) were HIV positive. This is significantly higher than the adult (15-49years) HIV prevalence rate of 17.64% [6]. The male: female ratio of HIV positive patients 1:1.53. Forty-nine (16.84%) patients presented with cervical lymph nodes of which 65.31% were HIV positive ($P < 0.001$). From the 86 HIV positive patients oral candida was present in 15.12% ($P < 0.001$), lymphoma in 6.98% ($P < 0.001$), oral hairy leukoplakia in 2.33%, Kaposi's sarcoma in 1.16% and complications (parapharyngeal abscess) 3.48%. There was no statistical significance in the management of HIV positive patients, however hospital stay was longer with a mean of 3.802 days ($P < 0.001$).

From this study sample the HIV prevalence of 29.55% suggests that peritonsillar abscess may be an early clinical marker of HIV infection. Due to the high incidence of head and neck manifestations in HIV positive patients identifying a clinical marker (quinsy) in the earlier stages of HIV infection would allow for better screening, earlier diagnosis and treatment of HIV infection.