

An AIDS-like case in Greece in 1977

(Short communication)

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We report a case of putative HIV infection, observed in this country on late 1977; although official documentation for such an infection was never provided, the a-posteriori evaluation of the clinical data are rather persuading that it represents a very early AIDS case in this area.

A 35-years old housewife from Crete (southern Greece), mother of two healthy children, was admitted for investigation of a chronic diarrhoea commencing some 6-months before admission. Anorexia, weight loss and tiredness accompanied a low grade fever. She had not travelled abroad; her sexual orientation and activity were unremarkable; no parenteral drug abuse was reported and a family history (on siblings or offsprings) indicating an immune defect of any type was not evident. On investigation, she was cachectic; no abdominal masses, palpable lymph nodes, skin rash, oedema or ascites were noted. Haematology and serum chemistry were normal, apart from significant hypo-albuminaemia and hypo-gammaglobulinaemia, all immunoglobulin classes being affected. Radiology including barium enema revealed no pathology. Repeated blood, urine and stool cultures proved negative; however, on stool examination acid-fast bacilli were detected. She commenced anti-TBC treatment with a temporal improvement.

On re-admission (4 months latter) she was very cachectic and dyspnoeic. Chest radiology revealed a honey-comb lung interstitial pneumonitis. Recurrent bilateral attacks of pneumothorax complicated a rapidly deteriorating respiratory insufficiency. At that time, a series of tuberculin

tests conducted with several types of atypical mycobacteria tuberculin proved negative. Sputum cytology showed *P. Carinii* shortly before death; no autopsy permission was given.

Since then, no further cases were reported from the close contacts (spouse-children) although a thorough investigation was never conducted for obvious reasons. Stored samples were not available for HIV testing when the AIDS problem became a day-routine. However, it is rather evident that the whole clinical course points to a HIV case, the hypo-gammaglobulinemia being attributable to advanced disease (3).

It is increasingly becoming evident although not proven that AIDS cases have been encountered before the epidemic exploding (4, 5). Therefore, all suspected cases should be properly recorded and properly investigated although molecular-virological documentation poses considerable difficulties even whenever biological specimens are available (1, 2). For this reason, careful descriptions, even on pure clinical grounds, may contribute to a better understanding of the early epidemiology of this syndrome.

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