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Prevention and Treatment of HIV Therapy

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INTRODUCTION

This treatment is not curative and must be used for a lifetime, and there are many problems with compliance and side effects. In recent years, stem cell therapy has shown promising results in HIV management and has the potential to have significant implications for the future of HIV treatment and prevention. The idea behind hematopoietic stem / progenitor cell (HSPC) anti-HIV gene therapy is to genetically engineer patient-derived (self) HSPC to develop endemic resistance to HIV infection.

Despite the success of anti-retroviral therapy, which suppresses blood HIV to undetectable levels and improves the quality of life for patients, HIV survives and is life-threatening in patients treated with anti-retroviral therapy. Anti-HIV chimeric antigen receptor (CAR) T cells can provide a cure by recognizing and killing virus-producing cells in an Env-specific manner.

DESCRIPTION

Systemic inflammation increases as a result of aging (inflammation) and contributes to the morbidity associated with aging. Even after long-term suppression of viremia with antiretroviral therapy, inflammation in people living with HIV is elevated compared to the general population. The mechanisms that contribute to inflammation between aging and the treated HIV disease potentially interact, resulting in an exaggerated inflammatory phenotype for people living with HIV.

Antiretroviral therapy (ART) is the primary treatment for inhibiting the growth and survival of HIV. Identification of genes (DEGs) that are differentially expressed in HIV-infected patients with and without ART may provide theoretical evidence for further investigation of the efficacy and mechanism of ART.

HIV1 pan-resistance refers to reduced susceptibility to nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, protease inhibitors, and integrase chain transfer inhibitors. Still anecdotal, its treatment remains a concern for both affected people (PLWH) living with HIV and public health.

However, since the development of highly active antiretroviral therapies, life expectancy in HIV-positive patients has improved significantly. In addition, the incidence of opportunistic infections is low and the toxicity profile of current antiretroviral drugs has improved. Nevertheless, the current state of heart transplantation in HIV-positive patients remains unclear. Against this background, we conducted a narrative review of heart transplants for patients living with HIV.

CONCLUSION

People infected with HIV are at increased risk of cardiovascular disease (CVD), from myocardial infarction to heart failure. Our understanding of this increased cardiovascular risk associated with HIV has evolved over the last two decades. In the early days of antiretroviral therapy (ART), there was concern that ART was a major cause of cardiovascular risk. However, it is increasingly clear that HIV-related viremia, immunodysregulation, and inflammation are the major contributors to HIV-related cardiovascular risk, alongside traditional cardiovascular risk factors such as smoking cigarettes. It has become. Indeed, early and effective ART reduces the risk of cardiovascular disease in people living with HIV.

Perinatal infection remains one of the most important causes of human immunodeficiency virus (HIV) infection. Over the years, increased knowledge and awareness of HIV transmission has significantly reduced perinatal infection rates. We previously reported the pregnancy results of HIV-positive mothers at our hospital from 1997 to 2007. This article has since been aimed at exploring criteria for the care of HIV-positive pregnant women.

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