HIV: Just another chronic disease

He was about 30 years old, appearing ill although not gaunt, wearing an oxygen mask and nice pajamas, and breathing hard, in a corner room of the Silverstein Pavilion at the University of Pennsylvania. We were on resident morning rounds; it was maybe 1981. His partner was holding his hand; both sets of parents were standing between the bed and the window. We had no clue what was going on, why he had pulmonary hypertension, thrombocytopenia, fevers, and more. We did not know human immunodeficiency virus (HIV), the agent that would shortly be the cause of his death.

In subsequent years we learned about HIV—the retrovirus, and the immune system that it cleverly and efficiently disables. For the most part, we matured professionally and moved past the social stigmas of the disease, although that was painful. We developed systems to keep acutely ill patients out of the hospital while providing them with "long-term" (weeks or months of) intravenous antibiotics and humane palliative care.

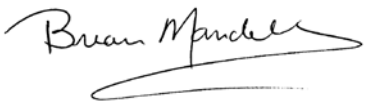
We learned about AZT and argued about when to use it. But mainly, we watched many, many young men (and some women) die in corner hospital rooms. For me, from the '80s, there remain heartrending personal images, notes, and cassette tapes voicing thanks for my concern and time spent, but no notes of thanks like those I've received from my patients with chronic rheumatoid arthritis who, after years of care, are able to hold their nieces or grandchildren.

A few long-term survivors have raised the hope that immune systems could recover and exist in symbiosis with the virus, and that maybe a drug cocktail or vaccine could provide a cure or remission. Magic Johnson, known to be infected since at least 1991, is likely the most public example of a long-term survivor on highly active antiviral therapy—a hope in the flesh.

But did we ever expect a time when HIV would be viewed as a chronic disease, with patients warranting screening for coronary artery disease in order to decrease long-term coronary complications? Did we ever expect a time that we would be offering organ transplants to HIV-infected patients?

In this issue of the *Journal*, Drs. Malvestutto and Aberg (page 547) discuss coronary issues that need to be recognized and managed in HIV-infected patients. This further complicates the management of these patients, and draws cardiologists and primary care providers back into management plans.

I can't think of a management "complication" of a chronic illness that is more welcome—or more surprising.



BRIAN F. MANDELL, MD, PhD
Editor-in-Chief

doi:10.3949/ccjm.77a.08001

Downloaded from www.ccjm.org on April 18, 2024. For personal use only. All other uses require permission.