

Summary

A 37 year old married male from Galle attended to sexually transmitted disease (STD) clinic Colombo as he had positive treponemal antibody (TPPA) test on medical screening. He was treated as late latent syphilis with 3 doses of intramuscular Benzathine penicillin. On routine screening he was diagnosed with retroviral infection. He had no signs and symptoms suggestive of retro viral infection or opportunistic infections. He had unprotected sexual exposures with two male partners within last three years. His last sexual exposure was with his marital partner three months back. Baseline investigations were performed after clinical evaluation and patient was explained on HIV. He was counseled on safer sex practices with condom promotion.

His baseline CD₄ lymphocyte count was 243 cells/ μ l and viral load was 108,540 copies/ml. He had defaulted clinic follow up for 2 months before starting on antiretroviral treatment. He was started on Pneumocystis jirovecii pneumonia prophylaxis with oral Co-trimoxazole 960mg/day, Mycobacteria tuberculosis prophylaxis with isoniazid 300mg/day, anti-retroviral treatment (ART) with tenofovir 300mg+ emtricitabine 200 mg + efaviranz 600mg nocte. Adherence counseling was done before initiation of treatment and during next follow up visits.

He had not disclosed his serostatus to his marital partner, but agreed to bring her for screening on next visit. Contact tracing was arranged after interview with the patient.